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ABSTRACT

This volume examines two-generation interventions as models that represent a new approach to assisting families in poverty. Five of the chapters examine current programs--their design, characteristics of participants, implementation issues, and in one case, evaluation outcomes. Other chapters offer a research and policy context for this intervention strategy, describe current evaluations, and suggest directions for further research. Chapter 1 provides the theoretical base by reviewing research on risk factors associated with poor developmental outcomes in children. Chapter 2 examines the Even Start Family Literacy Program. Chapter 3 examines the Avance Parent-Child Education Program. Chapter 4 reports on the early implementation of a comprehensive and highly structured program, New Chance, that serves young welfare-dependent women and their children. Two major Head Start initiatives, the Comprehensive Child Development Programs and the Head Start Family Service Centers, are described in chapter 5. Chapter 6 reports on a two-generation Head Start demonstration, Project Step-Up. Chapter 7 provides a review of research on previous welfare-to-work experiments as a context for considering the potential effectiveness of different types of adult job readiness services in two-generation programs. Chapter 8 considers differences in two-generation models from a child development perspective, focusing on the early childhood education, child care, and parent education components of the programs. Chapter 9 discusses current research on two-generation interventions, highlighting advances in design and methods found in these studies. Each chapter includes references. (AA)

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Two Generation Programs for Families in Poverty: A New Intervention Strategy

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Editor Sheila Smith

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ADVANCES IN APPLIED DEVELOPMENTAL PSYCHOLOGY

TWO GENERATION PROGRAMS FOR FAMILIES IN POVERTY: A NEW INTERVENTION STRATEGY

ADVANCES IN APPLIED DEVELOPMENTAL PSYCHOLOGY VOLUME 9

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DEDICATION

This volume is dedicated to Barbara B. Blum, president of the Foundation for Child Development, who always lends unflagging vision and inspiration to pursuits of new knowledge that can benefit America's children.

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INTRODUCTION

Irving E. Sigel

It is with great pleasure that I introduce this important volume of papers on two-generation interventions as another significant contribution in the *Advances in Applied Developmental Psychology*. This volume is especially timely in view of the current national debate about welfare reform. The need to understand the challenges faced by families who will be affected by new welfare policies has never been greater. It is also a critically important period in which to take stock of past interventions that have aimed to improve the life chances of poor children and the potential of new approaches to do the same.

The volume examines two-generation interventions as models that represent a new approach to assisting families in poverty. Five of the chapters (2–6) examine current programs—their design, characteristics of participants, implementation issues, and in one case, evaluation outcomes. Other chapters offer a research and policy context for this intervention strategy, describe current evaluations that include an investigation of impacts on both parents' self-sufficiency and children's development, and suggest directions for future research.

In Chapter 1, Smith and Zaslow provide a theoretical base for two-generation interventions by reviewing research on risk factors associated with poor developmental outcomes in children. They argue that two-generation interventions have the potential to target a wide range of risk factors, including family poverty, and are therefore more likely to offer children long-term benefits than traditional early childhood interventions. Trends in policy and program development that may contribute to an expansion of two-generation interventions are also discussed in this chapter.

The Even Start Family Literacy Program is examined in Chapter 2 by St.Pierre and Swartz. They discuss a number of design and implementation issues, based on early analyses of program operations and family participation. These include the challenges of integrating the three main components of the program—early childhood education, adult education, and parent education—and meeting the social service needs of high-risk families. The authors also provide a useful comparison of the characteris-

tics of Even Start participants with families served by two other programs discussed in this volume, the Comprehensive Child Development Program and Head Start.

Walker, Johnson, Cortez, and Rodriguez examine the Avance Parent–Child Education Program in Chapter 3. This program is one of the few family support interventions designed to serve a low-income Hispanic population. It is also unusual in its sequencing of services. The main focus of the intervention during participants' first year is social support and parent education. Graduates of this phase of the program then have the option of continuing their participation in order to increase their education levels and readiness for employment. This chapter describes findings from a recently completed program evaluation.

In Chapter 4, Quint and Egeland report on the early implementation of an exceptionally comprehensive and highly structured program, New Chance, that serves young welfare-dependent women and their children. The authors discuss the developmental issues of adolescence—the period when these women became mothers—and the characteristics of the mothers enrolled in the program. Using information about service implementation and participation, the authors examine the program's efforts to improve the life trajectories of mothers and children in this vulnerable population. Special attention is given to the challenges of ensuring the delivery of high quality services and an adequate "dose" of the intervention in a multisite demonstration.

Two major Head Start initiatives, the Comprehensive Child Development Programs and the Head Start Family Service Centers, are described in Chapter 5 by Lamb-Parker, Piotrkowski, Horn, and Green. These authors explain how features of these demonstrations and related Head Start initiatives could strengthen Head Start as a two-generation program. Suggesting the need to "rethink" the role of parent involvement, they recommend an approach that would strengthen the traditional role of Head Start parent activities and also the contribution of this component to parents' efforts to achieve self-sufficiency.

Herr and Halpern report on a unique two-generation Head Start demonstration, Project Step-Up, in Chapter 6. This "work-in-progress" is an effort to develop a progression of parent involvement activities that would enable every parent to work toward the goals of education, training, and employment while their children are enrolled in Head Start. The authors present their model and discuss the progress made to date on its imple-

mentation. They also compare the approach of Project Step-Up, which permits and celebrates small initial steps toward self-sufficiency, to the more rigid requirements of JOBS welfare-to-work programs operating under the Family Support Act. The authors present compelling reasons why features of Project Step-Up should be incorporated into future welfare reform initiatives.

In Chapter 7, Grossman and Hollis provide a review of research on previous welfare-to-work experiments as a context for considering the potential effectiveness of different types of adult job readiness services in two-generation programs. Focusing on employment and income outcomes, they discuss findings concerning the impact of both low-cost services, such as assistance with job search, and higher cost education and training services. They note possible strengths and weaknesses of the self-sufficiency components of different two-generation models, but emphasize the need for more research on the efficacy of different approaches, especially those that seek to remediate educational and skill deficits.

In Chapter 8, Ramey and Ramey consider differences in two-generation models from a child development perspective, focusing on the early childhood education, child care, and parent education components of the programs. They draw on research that has identified characteristics of effective early intervention and cite the presence or absence of these features in certain two-generation models. In addition, they discuss developmental priming mechanisms that operate across the life course as an additional guide to designing and assessing two-generation models. This chapter presents a broad theoretical framework for comparing and evaluating two-generation interventions.

In the volume's final paper, Chapter 9, Smith discusses current research on two-generation interventions, highlighting advances in design and methods found in these studies. Recommendations for a next wave of two-generation program evaluations are presented. Smith emphasizes the need for studies that can systematically compare the costs and impacts of different models, that incorporate an investigation of family change and child development processes, and that follow and assess families at least through children's early grades of schooling. She also discusses the value of designing and evaluating two-generation interventions that are embedded in larger neighborhood-change initiatives.

This volume will give educational and clinical researchers, practitioners in psychology and child education, and policymak-

ers a comprehensive understanding of a two-generation intervention strategy. The diverse perspectives collected in this volume examine the theory underlying this approach to intervention, the challenge and opportunities practitioners face in attempting to implement two-generation programs, and the complexity and importance of research that can determine the effectiveness of specific models.

Perhaps the most important message of the chapters in this volume concerns the process required to build the knowledge we need to design and implement effective interventions. This process, in order to make a genuine contribution to the well-being of children and families, will necessarily be longer and more complicated than we might hope. No single experiment, especially one that is testing a new intervention strategy, can hope to completely answer such questions as when to intervene, what level of service intensity to provide, what mix of services to offer, and how programs might better engage and retain families in services. But these questions and others can be answered over time, through multiple studies of interventions, including those that yield disappointing outcomes as well as ones that demonstrate benefits. If we view new, theoretically sound interventions and their evaluations as opportunities to learn, we can make the best use of results, whatever their direction or complexity.

1

RATIONALE AND POLICY CONTEXT FOR TWO-GENERATION INTERVENTIONS

Sheila Smith
Martha Zaslow

Until recently, most early childhood intervention programs have provided few, if any, services to help improve parents' employability and families' prospects for escaping poverty. At the same time, programs of the past two decades that were designed to reduce welfare dependency have either excluded women with young children, or paid little attention to the needs of children when these women did enroll. This volume examines several relatively new intervention programs that depart from this trend. All of the programs target low-income families with young children and attempt to integrate two kinds of family supports (a) *self-sufficiency services* designed to improve the parent's education level, vocational skills, and employment status, and (b) *child development services* that may include preventive health care, parenting education, and high quality child care or early childhood education. The programs also provide other services designed to meet individual needs of the parent and family, such as transportation and assistance obtaining social services.

Subsequent chapters discuss important aspects of the models' design and implementation. In this chapter we focus on the overarching approach to intervention that the models illuminate. We call this approach a "two-generation strategy" to highlight inter-

vention goals related to both the child's development and the parent's employment. Our discussion assesses the premise that two-generation programs have a stronger capacity to improve long-term outcomes for children than many traditional early childhood interventions. The efficacy of two-generation programs will be subject to empirical evaluation as research on several of the models proceeds. Here, we examine the conceptual basis for this approach by reviewing what is known about the major risk factors associated with poor developmental outcomes in children.

In our review of existing literature on developmental risk, we attempt to delineate a range of individual risk factors and also consider how risks tend to accumulate and interact in the lives of poor children. In light of these findings, we conclude that two-generation interventions have the potential to reduce a greater number of immediate and long-term risks that jeopardize children's healthy development than many traditional early childhood interventions. This chapter concludes with an overview of policy trends that are likely to influence the future expansion of two-generation programs.

OVERVIEW OF THE PROGRAM MODELS

The program models examined in this volume have as their common core a mix of self-sufficiency services for parents and other services directly focused on the goal of enhancing children's development. Yet the programs also show substantial diversity, not only in the specific services they provide, but also with regard to the types of families they target, the structure of service delivery, and the duration of the intervention. The following brief descriptions of the program models will introduce the reader to these interventions and provide an initial sense of their differences as well as their common thrust.

The Even Start Family Literacy Program—Chapter Two Administered by the U.S. Department of Education, Even Start awarded grants for 240 program sites between 1989 and 1991. In 1992 the program's administration was transferred to states with ex-

panded funding that supports 340 projects. Even Start targets low-income families in which the parent is in need of adult basic education and has a child under age 8. Even Start integrates three types of core services: adult basic education, parenting education, and early childhood education. In addition, support services such as child care, health care, and transportation are provided by Even Start sites or cooperating programs. Although most Even Start programs are center-based, some deliver services through home visits. Families may remain active in Even Start as long as they meet initial eligibility criteria.

Avance Parent-Child Program—Chapter Three Located in San Antonio, Texas, the Avance Parent-Child Program serves low-income Mexican-American families with children under age 3. Mothers attend weekly three-hour parent education classes in a community-based center. The program provides child care while parents attend class and assistance in gaining access to community social services. Once a month, families are visited at home. Social support is also provided through program-sponsored field trips and special events. Parents enrolled in Avance for the program's first phase, which lasts nine months, may elect to continue for a second year. Parents who remain in the program for a second year work to improve their job skills through literacy, basic education, and vocational classes.

New Chance—Chapter Four The New Chance research and demonstration program is directed toward mothers aged 16 to 22 who became parents by age 19 and who are high school dropouts and welfare recipients. Children range in age from 8 to 17 months at the time of enrollment. Operating in 16 sites, New Chance provides a comprehensive, structured set of supports and services for parents and children, including: case-management; preparation for the high school equivalency (GED) test; vocational training; classes in career planning, health, nutrition, family planning, and parenting; pediatric services for the children; and child care (on-site at 10 of the programs). Following several months of educational activities at the program site, parents are encouraged to participate in off-site occupational training or internships with the goal of entering unsubsidized employment. Mothers can remain enrolled for 18 months and receive up to a year of additional follow-up services.

Head Start Models

The major Head Start models that are discussed in this volume are the Comprehensive Child Development Program, the Head Start Family Service Centers, and the Step Up Demonstration. Two-generation elements of other Head Start initiatives, such as the Head Start–Public School Transition projects and male involvement programs, are also described in chapter 5.

Comprehensive Child Development Program (CCDP)—Chapter Five Created through federal legislation in 1989, the Comprehensive Child Development Program (CCDP) is a large-scale demonstration designed to make comprehensive, continuous supports available to families and children from birth through the child's entry into school. Core child services include health care, child care, early childhood education, early intervention for developmental problems, and nutrition services. Parents and other adult members of the family receive prenatal care, parenting education, health care, job readiness services, and other needed supports such as mental health and substance abuse treatment. The demonstration currently operates in 34 sites and serves approximately 4500 families.

Head Start Family Service Centers (FSCs)—Chapter Five Head Start Family Service Centers (FSCs) were first funded in 1990 to demonstrate how Head Start programs could intensify their efforts to effectively address problems of illiteracy, substance abuse, and unemployment. In 1992 there were 66 FSCs serving about 4700 families. Through collaborations with local programs and additional Head Start staff, FSCs are increasing families' access to services in the demonstration's target areas. The FSCs also use a continuous needs assessment and case-management process to help ensure that families' needs are being adequately addressed.

Step Up Demonstration—Chapter Six This demonstration, which is being implemented in a single Head Start program, is developing and testing a progression of activities for parents that will support their movement toward employment and self-sufficiency. Conceptualized as a "ladder toward self-sufficiency," this progression permits the parent to begin her preparation for employment by initially engaging in activities for a few hours a week. For some parents, early steps on the ladder will focus on

supporting the child's development by ensuring the child's regular attendance in Head Start, getting the child immunized on schedule, and reading to the child on a weekly basis. Over time, parents become involved in activities that require increasing skill and a greater commitment of time. In addition to these forms of involvement, activities have been developed for volunteering in the Head Start program, group activities (for example, attendance at parent workshops), and community advocacy. At higher rungs of the ladder the parent is engaged in education, training, and employment. While parents move up ladders of self-sufficiency activities, children benefit from Head Start's early childhood education program and related services.

DEVELOPMENTAL RISK FACTORS

The broad array of services offered by these programs address a range of risk factors for negative developmental outcomes in children. In this section we specify several of these risk factors, briefly review the evidence for their association with child outcomes, and suggest how the two-generation interventions might work to reduce developmental risk.

Poverty and Education Status

Two of the most powerful predictors of poor cognitive and social outcomes are family poverty and low levels of maternal education (D'Amico, Haurin, & Mott, 1983; Goldstein, 1990). In recent work, Duncan and colleagues report that family income is a strong predictor of both IQ and child behavior problems in the Infant Health and Development Program sample, comprised of children born at low birthweight (Duncan, Brooks-Gunn, & Klebanov, 1994). Persistent poverty during the first few years of life was found to be more debilitating to children's development in this sample than transient poverty. Maternal educational attainment, while a weaker predictor of child outcome than carefully documented family income, is nevertheless associated with developmental status through childhood and into young adulthood (Duncan et al., 1994). In the Baltimore study of adolescent mothers and their children, the functional literacy of children

measured when they were young adults was predicted by earlier measures of their mothers' educational attainment and their mothers' aspirations for themselves and their children (Baydar, Brooks-Gunn, & Furstenberg, 1993).

Poverty and education status are often called *package* variables because they are associated with a variety of conditions that may be harmful to children's development, including families' restricted access to high-quality child care (Hayes, Palmer, & Zaslow, 1990; Phillips, 1991), negative parenting behaviors such as harshness or unresponsiveness (McLoyd, 1990), and features of family lifestyle such as infrequent book reading and excessive television viewing (Zill, Moore, Smith, Stief, & Coiro, 1991). The wide range of child experiences affected by family income and parent education helps account for their strength as predictors of child outcomes.

Although there is much evidence that poverty and limited maternal education are concurrently and predictively related to developmental deficits and low levels of school achievement, we lack a precise understanding of how the influence of these family risks may vary as a function of their duration and change (Brooks-Gunn, Phelps, & Elder, 1991). Persistent family poverty appears to be especially harmful, significantly lowering the odds that a child will succeed in school and escape poverty as an adult (Duncan, 1991). A question that has special relevance for interventions designed to reduce family poverty is whether developmental risk is lessened in families that are poor during the child's early years, but then make educational, employment, and income gains over time.

The Baltimore study, a longitudinal investigation of teen parents and their children, is one of the few sources of information about the relationship between child outcomes and *changes* in mothers' employment and educational status. In this study, mothers who left welfare and mothers who completed high school between the child's preschool years and middle adolescence reduced children's vulnerability to school failure (Furstenberg, Brooks-Gunn, & Morgan, 1987). One caution in relating these findings to predictions about the effects of intervention programs is that the mothers in the Baltimore study who accomplished these life changes may have been exceptional in their motivation and coping skills, and therefore unrepresentative of most mothers enrolled in intervention programs. Nevertheless, to the extent that two-generation programs can strengthen parents' ability and commitment to pursue educational and em-

ployment opportunities, these mothers may change their personal life trajectories in ways that benefit their children.

The capacity of two-generation interventions to help parents achieve significant gains in education and employment status may depend on the quality and intensity of services that can remediate parents' educational deficits and enhance job skills (Walker, this volume). As parents negotiate the demands of new education, training, and employment settings, the amount of encouragement and practical support they receive may also prove critical to their success (Herr & Halpern, 1991; Polit & O'Hara, 1989). There is reason to believe that in order for children to benefit, employment readiness services must prepare parents for adequate wage jobs that can lift a family out of poverty. In one of the few studies that compared the well-being of children in welfare-dependent families to that of other poor children, school failure was found to be nearly as prevalent for children whose parents work but are still poor as it is for children whose families receive welfare (Zill, Moore, Smith, Stief, & Coiro, 1991).

Compared to many traditional interventions that serve poor families with young children, the two-generation interventions described in this volume have a stronger capacity to directly target family poverty as a risk factor through services to improve parent education levels and job skills. The dominant types of intervention programs that define the field of early childhood intervention are those that intervene directly with children, such as early childhood education programs; those designed to enhance parenting skills, such as parent education delivered in group sessions and home visits; and programs that combine these elements (Meisels & Shonkoff, 1990). These programs typically have not emphasized the goals of improving parental employment and family income.

A few earlier interventions primarily concerned with parenting and children's development have sought and achieved improvements in the parents' education and employment status. These include one large-scale intervention, the University of Rochester Nurse Visitation Program (Olds, 1988) and smaller-scale demonstrations such as the Yale Child Welfare Program (Seitz, Rosenbaum, & Apfel, 1985) and the Milwaukee Project (Garber & Heber, 1977). Recent results from the Infant Health and Development Program extend this pattern of findings to early intervention aimed at children born at low birthweight (Brooks-Gunn, McCormick, Shapiro, Benasich, & Black, 1994). Mothers in the treatment group of this demonstration, who received not

only pediatric care but also home visits and high-quality child care, returned to employment earlier and worked more than mothers in the comparison groups, who received only pediatric follow-up. Interestingly, although education and employment-related gains experienced by parents in some early intervention programs have been discussed as important long-term mediators of children's development, there has been little analysis of the intensity and type of services in these programs that may have produced these parent outcomes (e.g., Benasich, Brooks-Gunn, & Clewell, 1992).

The success of two-generation interventions in helping parents make significant employment-related gains is still being investigated, and questions about the most effective job readiness components for different kinds of families will need to be studied more fully in future research. Nevertheless, the strength of family poverty and parent education as influences on child development provides a compelling reason to directly target these risk factors in interventions that serve families with young children. Evidence that traditional early childhood programs have often failed to demonstrate long-term benefits for children (Farran, 1990) provides further justification for this strategy. In studies that do report long-term program effects on children's social adjustment and school success, a disturbingly high proportion of intervention participants typically experience poor outcomes. Among participants in the Perry Preschool intervention, for example, 33% of the children in the intervention group failed to complete high school, 31% were arrested for criminal acts, and 17% received public welfare assistance by age 19 (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984). Zigler and Muenchow (1992) point out that while children who participated in high quality preschool programs often outperform their low-income peers who lacked an early intervention experience, they compare much less favorably to middle-class children.

The fact that the benefits of many high-quality early childhood programs fade over time or fail to produce long-term gains for a large portion of participants suggests the need for additional supports that can boost the potency of these interventions. The value of sustained educational supports, especially those that can enhance learning in the early years of elementary school, is now widely recognized (Hamburg, 1992). There is also growing awareness that temporary positive inputs from outside the family do not permanently inoculate children against endur-

ing risk factors within the family (Zigler & Muenchow, 1992). The two-generation strategy of seeking to ameliorate family poverty and related conditions while also providing more immediate supports for children's well-being reflects this perspective.

The actual mechanisms by which educational, employment, and income gains achieved by parents might exert a positive influence on children's development reside in the conditions that are packaged by these variables. At present, we know very little about how particular risk conditions, such as unresponsive parenting or an unstimulating home environment, might improve with a rise in family income, or what threshold of change in a family's socioeconomic status is needed to trigger improvements in various aspects of the child's life. As we discuss next, a two-generation intervention may affect some of these conditions through multiple pathways and across different timeframes.

Parenting and the Home Environment

Many of the major risk factors implicated in developmental problems, including those packaged by socioeconomic variables, fall into two categories: (a) the quality of parental care and the home environment, and (b) the quality of nonparental care, especially for children who spend a significant amount of time in a child care setting. In the domain of parental care and the home environment, a core group of variables has emerged as strong developmental predictors. These include insensitivity to the child's needs and cues, an instructional interaction style that is either unstimulating or overly controlling, and verbal behavior that is limited in quantity and content (Barnard & Kelly, 1990; Belsky, Rovine, & Taylor, 1984; Snow, Barnes, Chandler, Goodman, & Hemphill, 1991).

Related characteristics of the home environment have been assessed with the widely used HOME scale, an observation-based instrument with versions available for children under age 3 and for children ages 3 to 6 (Caldwell & Bradley, 1984; Upshur, 1988). In addition to measuring several aspects of parent behavior, the scale assesses the home environment's provision of frequent and stable contact with adults and of materials and activities that promote learning. Low scores on the HOME are predictive of problems in cognitive and language development and poor school performance (Bradley & Caldwell, 1981, 1984). Based on analyses of HOME scores, Zill and colleagues found that preschool-age

children in poor families are less likely to receive optimal intellectual stimulation and emotional support than their counterparts in nonpoor families. It is notable that a large proportion of children experiencing inadequate home environments was found across both welfare-dependent and nonwelfare poor families (Zill, Moore, Smith, Stief, & Coiro, 1991).

A parenting risk factor that has been found to be highly prevalent among low-income families is maternal depression (Lyons-Ruth, Zoll, Connell, & Grunebaum, 1986; McLoyd, 1990). Different patterns of negative parent behavior have been observed in depressed mothers. In interactions with their infants and toddlers, depressed mothers have shown withdrawn, hostile, and intrusive styles of behavior (Beckwith, 1990) as well as involvement that is devoid of affect (Lyons-Ruth, Connell, Grunebaum, & Botein, 1990). Not surprisingly, children of depressed mothers appear to be at risk of impaired social-emotional development and behavior disorders (Egeland, Kalkoske, Gottesman, & Erickson, 1990; Garrison & Earls; 1986; McLoyd, 1990).

Two other risk conditions, life stress and social support, are related to both the parent's subjective state and the quality of parental care. The general categories of life stress that have been found to contribute to the quality of maternal behavior are major events such as illness, episodes of family violence, the death of a family member, and "daily hassles," which are the relatively minor but frequently experienced frustrations and difficulties that occur in everyday life (Crnic & Greenberg, 1990; Zaslow, Moore, & Zill, 1992). Focusing on black families experiencing economic hardship, McLoyd (1990) presents a compelling analysis of how chronic and episodic stress operate in tandem to the detriment of parenting and child development. A link between measures of stress and depression has been found, although the causal relationship is not necessarily simple. Belle (1984) has suggested that high levels of stress may reduce a parent's capacity for coping psychologically and instrumentally, creating a feedback loop between external stressors and depression. At present, we have much to learn about how different forms of stress interact with personal characteristics to influence parents' subjective state and behavior.

The social support construct is often discussed in conjunction with "stress" because different kinds of social support have been found to moderate the negative effects of both stress and depression on parenting. Several types of social support have been conceptualized and measured (Cochran, Larner, Riley, Gunnarsson,

& Henderson, 1990; Krauss, 1988). Among the major functions of social support that friends, family, and professionals may provide are instrumental assistance such as helping a parent with chores; providing information, including childrearing advice; emotional support that affirms the parent's sense of self-worth; and companionship support that gives the parent a feeling of belonging and social connection.

Social support research has documented that various kinds of support are helpful in different domains for different kinds of families. For example, among low income mothers, Stevens (1988) found that the use of childrearing assistance provided by family members predicted parenting skills for both black teen and white adult mothers, whereas the assistance of professionals benefited only the latter group. Because we lack a body of studies that investigate relationships between various types of social support experiences and parenting across different groups of families (such as depressed vs. nondepressed, disadvantaged adult mothers, mothers in different ethnic groups, teen vs. adult mothers), our understanding of specific patterns of social support effects is still limited.

Notwithstanding current difficulties in predicting what kinds of parental social support will benefit children and what kinds of stress are among the most harmful, there is encouraging evidence that positive *changes* in the parent's subjective state can place children on a better developmental trajectory. Egeland and colleagues found that children of mothers whose depression scores declined between the preschool and early elementary school years showed improved functioning over this period (Egeland, Kalkoske, Gottesman, & Erickson, 1990). By extension, there is reason to believe that interventions that can successfully reduce maternal psychological distress during this period can enhance children's competence in the critical early years of schooling.

The capacity of two-generation interventions to reduce developmental risks associated with parenting and the home environment must be considered across different timeframes and types of life experiences influenced by the intervention. There are several pathways by which parenting behavior might improve in the short term as mothers participate in two-generation interventions and make progress toward their educational and employment goals. First, the parent's subjective state might become more positive as the parent experiences additional social support from program staff and peers, envisions a more hopeful future

for her family, and enjoys at least a partial respite from child-care responsibilities. Second, most of the two-generation models provide specific activities, such as parent education and parent-child play sessions, designed to enhance parenting behavior. This program component, along with the psychological lift parents may experience in connection with new educational and job opportunities, could support positive early changes in the kinds of parent behavior that were discussed earlier. As we note later, improvement in the parent's psychological state may be slow and incremental, depending on the roots and severity of her distress.

Of course, positive changes in parenting might also be mitigated by new life stresses, such as worries about succeeding in education and job training activities, an increased overall workload, and a parent's concerns about the well-being of her children while they are in substitute care (Zaslow, Moore, & Zill, 1992). To the extent that two-generation programs can help parents cope with new stress, its negative effects will be minimized and parents may even acquire new problem-solving skills that can be applied to other kinds of stress in their lives. Some of the two-generation models, including New Chance and Avance, include "life skills" instruction to specifically address this need.

Over time, gains in education, employment, and family income may exert a positive influence on parenting and the home environment. For example, Brooks-Gunn (in press) has suggested that a mother who increases her education level may provide more educational materials and increase the time she spends reading to her child or assisting with schoolwork. Parental aspirations for the child's educational achievement may also rise and lead to stronger encouragement and monitoring of school achievement. Thus, two-generation interventions appear to target risks associated with parenting and the home environment both through fast-acting influences (such as parenting education) and through experiences and achievements that require a longer period of time to confer benefits.

Comparing the capacity of a two-generation intervention to target risks associated with parenting and the home environment to that of more traditional early childhood interventions suggests different strengths and weaknesses in the various models. Some early childhood education programs, including many state-sponsored preschool interventions for at-risk children offer parents little direct support for parenting (Mitchell, Seligson, & Marx, 1989). In contrast, a number of specialized parent education models have been developed as independent programs or

components of more comprehensive models. Many of these models have shown short-term effects on child and parenting outcomes (Powell, 1989; Spiker, Ferguson, & Brooks-Gunn, 1993). However, most of these parenting education models lack a strong emphasis on employment goals. In contrast, two-generation interventions give higher priority to adult education, training, and job readiness. At the same time, because they address a wide range of goals, some two-generation programs may lack the clear and sufficiently intense focus on parenting education that is needed to produce changes in parenting behavior.

We have considered only a subset of key developmental risk factors associated with parenting and the home environment. Our understanding of how two-generation interventions affect parent behavior and child outcomes may depend on the study of multiple variables in this domain, including the parent's experience of role satisfaction and personal efficacy (Zaslow, Moore, & Zill, 1992). These dimensions of the parent's subjective well-being may be strongly affected by new life circumstances and contribute to changes in more global states, such as depression. In addition to changes in parenting and the home environment, a two-generation intervention will also produce, in most instances, changes in the child's experiences outside of the home, most notably through an increase in nonparental child care. We turn now to an examination of developmental risk and opportunity for intervention in this domain.

Nonparental Care

There are two important perspectives from which to consider developmental risk associated with nonparental child care. First, there is the possibility that poor quality care will harm even relatively resilient children by failing to provide the most basic ingredients of healthy developmental experiences, such as minimally acceptable levels of cognitive stimulation and emotional nurturing. Second, for children who may be at risk of developmental problems as a result of family stresses related to poverty, the lack of compensatory high-quality child care constitutes a further significant risk factor.

While all of the families targeted by the two-generation interventions are poor, many are also headed by a mother who is young (especially New Chance participants), single, and lacking in education and job skills. Some mothers, especially those

in the Avance Parent–Child Program, also lack fluency in English. The children in these families, as a group, should be considered at significant risk of later school failure and poor social outcomes as a consequence of these circumstances. These children need high-quality nonparental care to help reduce this risk and place them on a more positive developmental trajectory.

We are now able to characterize high quality care on the basis of two lines of research. One is the considerable body of evidence that links several features of child care settings to child development outcomes in both the cognitive and social-emotional domains. These quality indicators include group size, staff–child ratios, caregivers' behavior toward children, and caregiver training (Hayes, Palmer, & Zaslow, 1990; Zaslow, 1991). In addition, there is evidence that children's development is supported by involvement with a small number of nonparental caregivers and by care arrangements that do not change frequently over time (Hayes, Palmer, & Zaslow, 1990).

Many of the effects of child care quality on children's development generalize across center-based and family day care. It should be noted, however, that there has been little research investigating the quality and stability of relative care despite the prevalence of this type of care arrangement. In 1991, 53% of the primary care providers for children under age 5 with an employed mother were relatives (O'Connell, 1993). One of the few studies to examine relative care found the development of children cared for by their mothers or their grandmothers to be comparable in low-income families (Baydar & Brooks-Gunn, 1991).

Evaluations of early childhood education programs explicitly designed to enhance child development outcomes comprise the other line of research that helps us define high quality nonparental care. Notwithstanding many unanswered questions about the effectiveness of directive versus child-centered instructional practices (see Powell, 1987), these studies indicate that a variety of preschool programs that provide enriched learning experiences can enhance the intellectual development and school success of at-risk preschoolers (Bryant & Ramey, 1987; Hayes, Palmer, & Zaslow, 1990).

All of the two-generation program models recognize the importance of high quality nonparental care as a source of developmental support for children. However, the programs' ability to ensure families' access to high-quality child care and early

childhood education programs appears to vary greatly across sites for particular programs and across program models. Efforts to provide this service to families include counseling to help parents identify a good child care setting, referral to high quality providers, and the direct provision of child care. The model that is most likely to provide child care directly is the Head Start Family Services Center. Some of the other models offer child care and early childhood education directly at many but not all program sites. For example, ten of the sixteen New Chance sites offer regular on-site care. About half of the Even Start projects rely on collaborating agencies to provide early childhood education, most often through Head Start or school-sponsored prekindergarten programs. While not always using its own staff and site for these programs, Even Start can be considered a direct provider of early childhood education because this a core component of the Even Start model and families' access to an early childhood program is usually guaranteed.

When programs fall short of directly providing high quality child care or an early childhood education program, the likelihood increases that children will be placed in care of questionable quality. Many low-income families rely on relative care (Phillips, 1991). This type of care is not necessarily of poor quality, but it often lacks important features of care, such as developmentally oriented learning activities and caregiver training, that are associated with positive child outcomes. Even when programs counsel parents about how to identify good child care, the short supply of quality settings contributes to the difficulty that both programs and parents encounter in finding developmentally supportive are for children (Whitebook, Howes, & Phillips, 1989; Zaslow, Moore, & Zill, 1992).

Another special challenge for two-generation programs is providing care that is reasonably stable over time and that allows the child to develop relationships with a limited number of caregivers. Several of the models do not ensure placement in care that extends over a significant period of time. Without strong efforts to promote stability and continuity of care, children of parents in two-generation programs may be particularly vulnerable to child care disruptions resulting from parents' changing schedules and eligibility for different types of child care assistance (Cherlin, in press).

In view of these shortcomings, some two-generation programs appear to have less capacity in this domain to target developmental risk than many child-focused interventions. In particular,

the capacity of two-generation programs that chiefly link parents to community child care providers of varying or unknown quality is arguably weaker than that of such interventions as the Infant Health and Development Program or the Carolina Abecedarian Project, two programs that carefully designed, implemented, and maintained developmentally oriented, stable care and early education services for their entire program populations of infants and young children (Gross & Hayes, 1991; Ramey & Campbell, 1987).

Although the two-generation models appear comparatively weak in their provision of high-quality child care, it is important to recognize that in most cases they actually prescribe stronger child care services than the programs seem able to deliver (see, for example, discussions of child care in New Chance and Avance). In other words, a two-generation intervention *strategy* calls for the provision of developmentally supportive child care, but this service component has proven difficult to implement. Some two-generation programs, however, have succeeded in offering high-quality care and early childhood education as a primary or core service. Hopefully, the experience of these programs can be used to improve this component in other two-generation programs.

Child Health

The health of poor children is subject to two kinds of risk. Poor children show elevated rates for a wide range of medical problems (Klerman, 1991; Wise & Schorr, 1992). In addition, negative developmental sequelae resulting from medical problems are experienced more often by poor children (Wise & Schorr, 1992). Wise and Schorr (1992) illustrate this pattern, which they call the "double jeopardy" to poor children's health, with findings from the long-term study of children's risk and resilience on the Hawaiian Island of Kauai. In this study, the developmental outcomes of poor children who had experienced perinatal insult were worse than those of more affluent children who had experienced comparable insult (Escalona, 1982).

The list of health problems for which poor children are at greater risk is long and stark (see comprehensive reviews by Klerman, 1991; Wise & Schorr, 1992). Death within the first year of life occurs approximately twice as often among the poor as the nonpoor, and disparities in mortality continue into later child-

hood. Certain specific causes of death are higher for poor children, including sudden infant death syndrome (SIDS), death from unintended injuries, child abuse, and infectious diseases.

The health of surviving children is less optimal among the poor as well. Poor children experience more days absent from school, higher rates of hospitalization, and more days of restricted activity. In addition, they are more likely to show low birth weight, HIV infection, asthma, dental decay, measles, nutritional problems, lead poisoning, learning disabilities, unintentional injuries, and child abuse and neglect (Klerman, 1991). Analyses focusing specifically on children in families receiving Aid to Families with Dependent Children (AFDC) also show substantial differences in terms of health. Zill and colleagues (Zill, Moore, Smith, Stief, & Coiro, 1991) found that only 32% of AFDC children could be considered in excellent health when general health status, activity limitation, and developmental problems were taken into account, whereas 48% of nonpoor children could be described as enjoying excellent health.

Many of the health conditions that poor children suffer disproportionately have implications for their later development. Health conditions that can compromise adaptation to school include disproportionately high rates of hearing loss (at least partly due to elevated rates of otitis media) and vision problems that are undiagnosed and uncorrected (Wise & Schorr, 1992). While severe malnutrition is rare in the United States, undernutrition is not rare (Kopp, 1983). Poor children are three times as likely as nonpoor children to show iron deficiency anemia, which in turn has been found to be associated with problems in attention and concentration, as well as self-control (Wise & Schorr, 1992).

There appear to be multiple factors underlying the health risks for poor children. Some of the health risks reflect demographic patterns among the poor, such as early childbearing, birth outside of marriage, and single parenthood. Prenatal, perinatal, and pediatric care may be less available to poor families, and it may be of lower quality. There may be a lack of informational resources regarding health and nutrition. Poverty limits access to material resources, and can thus compromise nutritional status, physical safety in the home and neighborhood, and access to medicines and medical treatments (Klerman, 1991).

Most of the two-generation interventions discussed in this volume have the potential to reduce developmental risks associated with child health problems, primarily through the provi-

sion of preventive health services. As is the case for many service components, there is variability in the strength of child health components both across sites of particular models and across the different models. Head Start has traditionally emphasized child health screening and treatment, and the CCDP projects appear to offer especially strong services with linkages to community health providers or on-site clinics. Other models typically help families gain access to child health providers as part of their general family case-management and referral activities. At present, it is not clear what level of attention to child health and types of direct services are needed to significantly reduce child health and related developmental problems.

Neighborhoods

Poor families are now substantially more likely to live in areas of concentrated poverty than in previous decades (Wilson, 1987). With this demographic change has come heightened awareness that neighborhood characteristics may function as risk factors in children's development that are separable from family-level influences. Parents readily articulate both the risks to children of living in neighborhoods of concentrated poverty and their discontent with such conditions (Furstenberg, 1992).

There is currently active debate among researchers about the relative importance to children's development of growing up in a poor neighborhood. On the one hand, a review by Mayer and Jencks (1989) concluded that the effects of poor neighborhoods on children were weak when family and individual characteristics were adequately controlled. Other researchers have argued that the measures used as indices of neighborhood quality have been extremely limited in most studies (see Coulton & Pandey, 1992). Mean income of residents in a neighborhood, for example, has often been used as a proxy assumed to reflect neighborhood quality. These researchers argue that in order to understand neighborhood effects on children's development it is necessary to look directly at a range of variables that reflect actual neighborhood social conditions, rather than relying on proxy variables.

In research supporting this perspective, Garbarino and Sherman (1980) studied a pair of low income neighborhoods roughly matched on socioeconomic characteristics but differing markedly in rates of child maltreatment. Despite the similarity in socioeconomic profiles, the neighborhoods were found to differ

as social environments for childrearing. Mothers in the neighborhood that presented a lower risk for child maltreatment described their neighborhood as a place where parents were involved with each others' lives and concerned about each others' children. They reported a greater amount of child supervision by neighbors and more people in their child's social network. These mothers, in comparison to the mothers in the other group viewed their neighborhood as a better place to rear children and their children as easier to raise.

Coulton and Pandey (1992) found that extreme risk to infants, as reflected in high rates of infant death and low birth weight, tends to be greater in neighborhoods that have been poor for extended periods of time. In this study, the single strongest predictor of child and adolescent risk was neighborhood rate of unmarried childbearing. The authors call for the careful examination of the ecology of parenting in neighborhoods where as many as three quarters of the families are female-headed.

Ongoing work by Furstenberg and colleagues (Furstenberg, 1992) singles out the quality of social cohesion as an important variable in neighborhoods. In preliminary findings, this research group reports that across 17 Philadelphia neighborhoods, greater poverty was associated with lower social cohesion among neighbors and a less positive social climate. Low-income parents of adolescents in high-poverty settings tended to restrict their families' contact with other residents of the neighborhood.

Recent analyses in the Infant Health and Development Project (IHDP) revealed neighborhood effects on both child development and home environment measures beyond the influence of family characteristics (Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993). In this study, 36-month old children who lived in neighborhoods with a higher proportion of affluent families had better developmental outcomes as well as homes that were rated superior in their provision of learning experiences. This aspect of the home environment was found to mediate the effects of the neighborhood on IQ at this age.

The interventions described in this book do not directly address neighborhood risk factors, but have the potential to address them indirectly. Since several of the models locate their programs in community-based organizations, it is possible that many recruit participants from a common neighborhood. When this is the case, as in the Avance program, mothers may gain a sense of neighborhood social cohesion and support through shared program activities with other mothers who live in the

community. Parenting and life skills classes in such interventions as Avance and New Chance may also increase parents' ability to identify and use positive resources within their communities. Finally, improvement in families' economic status, a desired outcome of two-generation programs, might also allow some families to move out of high-risk neighborhoods.

Patterns of Childbearing

A connection between family poverty and patterns of childbearing has long been recognized (Moore, Myers, Morrison, & Edmondston, 1992). At present, 50% of children receiving AFDC have unmarried parents (Moore, Zill, & Stief, 1990). Further, teenage childbearers are disproportionately represented among recipients of AFDC (Moore et al., 1992), and are the subgroup most likely to be long-term welfare recipients (Bane & Ellwood, 1986).

In addition to early childbirth and childbirth outside of marriage, family size is also clearly associated with poverty (Moore et al., 1992). Women receiving AFDC have significantly larger families than women not receiving AFDC. Moore, Zill, and Stief (1990) report that 27% of AFDC mothers have three or more children, by contrast with 14% of non-AFDC mothers. This difference remains despite the marked drop in the number of children born to low-income women over the past several decades (Moore et al., 1990).

Two childbearing variables, birth spacing and family size, have been linked to child development outcomes. The clearest risk of close birth spacing is an increased chance of low birth weight and a consequent vulnerability to retardation, learning disabilities, and language delay (Bradley, Caldwell, Rock, Casey, & Newlson, 1987; Sprately & Taffel, 1981; Vital Statistics of the United States, 1987). Further, there is a strong association between maternal age and birth spacing, with teen mothers showing shorter intervals between live births (Sprately & Taffel, 1981). Thus, with teenage mothers disproportionately represented in the AFDC population, closely spaced births are also likely to be a problem among these families.

In order to investigate the implications of family size for child development outcomes, Blake (1989) examined six large-scale national surveys in the United States, analyzing the data for white males. She concluded that number of siblings is next in

importance only to father's schooling as a predictor of educational attainment. The pattern was most pronounced with regard to high school graduation. Further analyses pointed to a strong negative association between verbal ability and number of siblings.

Negative developmental consequences became apparent in families with medium sibling sizes of three to four children. A similar pattern was discerned in a meta-analysis carried out by Falbo and Polit (1986). In their work, developmental outcomes for only born children tended to be similar to those of first borns and second borns, but different from those in larger families. These results have relevance for AFDC families who tend not to have very large families, but are nonetheless more likely to have more than two children. At the same time it should be noted that analyses in major studies of this issue, while examining a range of socioeconomic factors, have been limited to white families.

In their review of maternal benefits from early intervention programs, Benasich reports on five early childhood interventions that investigated and found lower fertility rates among program participants at follow-up assessments (Benasich, Brooks-Gunn, & Clewell, 1992). Some of these interventions offered participants assistance with family planning, although it is impossible to determine relationships between program services and fertility outcomes. Many traditional early childhood interventions, especially those that concentrate on direct developmental services to children and parenting education, have not addressed family planning needs.

Only some of the two-generation interventions offer family planning assistance, and the salience of this service as well as the goal of fertility control vary across the programs. For example, Avance includes a speaker on family planning issues and services in a workshop series on community resources, and the staff reports that birth control concerns are often raised and addressed in the parent education sessions, especially toward the end of the year when mothers are more comfortable discussing this topic. Routine health services are required as part of the CCDP model, but family planning is not treated as a special service in the model, in contrast, for example, to mental health and substance abuse treatment (Head Start Bureau, 1991). New Chance has an exceptionally strong approach to helping participants avoid unwanted repeat pregnancies. Two initial educational workshops on the topic of family planning are held during the program's orientation. Group educational sessions designed

to provide peer support for teens' family planning efforts are held monthly throughout the program. These sessions are supplemented with individual counseling sessions and help in obtaining services from appropriate medical providers (Quint, Fink, & Rowser, 1991).

Fairly intensive family planning services may be needed to achieve marked reductions in unplanned pregnancies, especially among young mothers (Polit & O'Hara, 1989). While the nature of two-generation interventions may present a special challenge to offering a family planning component, there are also important opportunities to develop such services. In a program with multiple goals and services, it may be especially difficult to find the time and professional resources to offer family planning information, counseling, and access to medical services. On the other hand, in view of the risk poor fertility control may pose for both children's development and progress toward employment, family planning services could reasonably be viewed as a critical element of a two-generation strategy. The New Chance program exemplifies an approach to family planning that follows from this perspective. An effort is made to foster teens' motivation to practice family planning in several parts of the program (Quint, Fink, & Rowser, 1991). In this way, New Chance uses a variety of program resources to increase participants' attention to this aspect of their lives and its bearing on their family's future.

THE NATURE OF DEVELOPMENTAL RISK

In addition to considering individual risk factors that are known to impede healthy development, it is useful to examine some general characteristics of these influences that may have implications for the design of interventions. Several investigators have identified "the cumulative burden of risk" in producing such poor outcomes as impaired intellectual functioning, school failure, and delinquency (Meisels & Wasik, 1990). An understanding of cumulative risk grew out of efforts to predict developmental failure from multiple risk variables such as family socioeconomic status, maternal psychological distress, weak social support, and biological problems in the child. These efforts revealed that the chance of a poor outcome rises markedly

with an increase in the number of developmental risk factors experienced by the child (Rutter, 1979; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987; Werner & Smith, 1982). At the same time, within the domain of risks associated with family poverty, different combinations of risk factors have been found to predict similar poor outcomes (Sameroff & Fiese, 1990). Thus, among families targeted by an intervention by virtue of their economic disadvantage, we should expect variation in the nature of particular conditions that predict developmental problems for children. For example, inadequate social support may combine with a cluster of poverty-related conditions in one family while in another, maternal depression may co-occur with other problems.

One clear implication of these findings for the design of interventions is the need for programs that can target multiple family risk factors and can tailor services and supports to each family's unique configuration of needs. The general principles of comprehensive and individualized services have recently gained strong currency in discussions of effective interventions for disadvantaged families and young children (e.g., Hamburg, 1992; Ramey & Ramey, 1992; Schorr & Schorr, 1988).

By combining supports for children's development with employment readiness services for parents, the two-generation models offer a wider range of services than many traditional early childhood and parent education programs. These models may be more comprehensive in other respects as well. As we noted earlier, two-generation interventions create more than one pathway for positive change in certain domains, such as parenting. In addition, two-generation programs may foster changes in families that produce cumulative benefits for children and thereby extend the positive influence of the intervention over the full course of the child's development. For example, high-quality child care provided by some of the two-generation programs can place young children on a healthy developmental trajectory. Later, positive effects that parent education and employment gains have on the home environment could help sustain this positive course of development.

Many different kinds of programs that attempt to meet more than one child or family need have been described as "comprehensive." The two-generation models discussed in this volume can be viewed as evolved forms of earlier comprehensive early childhood interventions, especially those, such as Head Start, that established explicit goals related to the parent's education and employment status. As a prototype comprehensive

intervention. Head Start has always sought employment gains for parents, but has not had adequate resources to provide strong education and training services as a core program component (Zigler & Muenchow, 1992). The special features of two-generation interventions suggest that as we examine the growing array of multiservice programs, several aspects of program comprehensiveness may be important to understand. These include the range of family needs addressed by services, the number of potential pathways of positive influence, and the scope of time over which benefits are likely to accumulate.

In addition to comprehensiveness, some of the two-generation models appear to have a strong capacity for individualizing services. Case-management and social-service components provide means of tailoring supports to families' needs in most of the models. Researchers who have studied programs that offer highly individualized services have commented on the value of the relationship between the parent and caring program staff. It is in the context of this relationship that program staff come to understand a family's needs in order to provide a specialized set of supports (e.g., Olds, 1988). This aspect of working with high-risk families is discussed in several chapters of this volume.

Another feature of risk that has relevance for the scope and content of interventions relates to the malleability of family conditions or parent characteristics that may jeopardize the child's healthy development. Although we do not have precise knowledge of the differential malleability of risk factors under varying treatment conditions, there is reason to expect that some risk conditions will be relatively difficult to change. One explanation for the intractability of certain risks is their embeddedness in numerous other conditions that an intervention is unable to influence, except over a long period of time. Maternal depression, for example, may be difficult to completely alleviate, even when a condition contributing to psychological distress, such as social isolation, improves in the course of the intervention (Avance, this volume). Lyons-Ruth found that the severity of maternal depression has origins in the quality of nurturing the mother experienced in her childhood (Lyons-Ruth, Zoll, Connell, & Grunebaum, 1986). When psychological risk factors are rooted in the parent's developmental history and maintained by the

multitude of stresses associated with poverty, fairly dramatic changes in the parent's life circumstances may be a prerequisite for a marked improvement in the parent's subjective state.

Other important family conditions that a two-generation intervention seeks to influence may be amenable to significant change, but at a relatively slow rate. These include family income, a home environment and parenting practices that support healthy social-emotional development, and parental involvement in the child's education. The possibility that improvement in certain domains of family life will be slow-paced suggests the importance of providing direct developmental interventions for children during their early years. By providing this direct intervention, programs can guarantee that children receive a certain dosage of developmentally enriching experiences. Further support for this approach is found in a review of different kinds of exemplary early childhood interventions by Bryant and Ramey (1987). These investigators observed that the programs that yielded the greatest benefits to children's intellectual development were those that provided direct child-focused intervention, in most cases developmental child care, along with parenting education and other services.

As we noted earlier, the provision of high-quality child care is consistent with the goals and strategy of two-generation interventions, but many of these programs have faced challenges in the delivery of this service. Improving direct intervention with children through child care and early childhood education programs is critical to achieving both the child development and parent employment goals of two-generation interventions. Reliable, high-quality care is less likely to disrupt parents' education and job training activities than other forms of care, especially informal arrangements (Polit & O'Hara, 1989).

Our discussion thus far has highlighted the overall strategy of two-generation interventions and general challenges to their implementation. We have invited the reader to consider the potential potency of this approach to intervening with vulnerable children and their families in the light of what we know about developmental risk. We turn now to the question of whether child and family policy conditions are likely to support the future expansion of two-generation interventions.

POLICY CONTEXT OF TWO-GENERATION INTERVENTIONS

Converging developments in policy and program design suggest a mix of favorable and limiting influences on the future expansion and refinement of two-generation interventions. National welfare reform, currently characterized by diverse and sometimes opposing redefinitions of the public welfare system, may strongly affect the prospects for two-generation programs. Major efforts to create training and employment opportunities for AFDC recipients began in the 1980s with several state welfare initiatives operated under the Work Incentive (WIN) program. Welfare reform gained momentum with passage of the 1988 Family Support Act (FSA), which mandated that every state establish a Job Opportunities and Basic Skills Training (JOBS) program (Smith, Blank, & Bond, 1990).

The JOBS program provides education, job skills training, and job readiness services, as well as assistance with child care. Medicaid and child care assistance are also offered as transitional benefits for one year from the time a parent leaves AFDC due to employment earnings. JOBS encourages states to target those AFDC recipients who are at highest risk of long-term welfare dependency, including young parents (under age 24) who have not completed high school or who have little or no work experience and parents who have received assistance for more than 36 months during the preceding five years. States can mandate the participation of parents of children as young as age three (or optionally as young as age one). Parents who are under age 20 and lack a high school diploma can be required to participate in JOBS education activities, regardless of the age of their child.

JOBS lacks mandates that would ensure attention to children's developmental needs and to broader family needs that affect children. However, several provisions are potentially beneficial to children, including the transitional Medicaid benefit and options to assess child and family needs and provide case management. Despite JOBS' weak orientation to children's development and the budgetary constraints that prevailed during the program's early implementation, some states and localities have begun to address children's developmental needs in their JOBS programs. For example, Denver's JOBS program, called the Denver Family Opportunity Program, provides health and developmental screenings to the children of JOBS participants, uses family-oriented assessment and casemanagement practices, and

co-enrolls some families in comprehensive parent–child programs (Smith, Blank, & Collins, 1992). Similarly, the state-administered JOBS program in Kentucky has encouraged the coordination of employment readiness activities with parenting education and family literacy services (Kentucky Cabinet for Human Resources, 1993).

While the development of such innovative JOBS programs could promote the growth of two-generation interventions, especially through the coordination of JOBS with child development and family support services, it is possible that the current welfare reform process will undermine efforts to address children's needs in welfare-to-work programs. The current debate about welfare reform is dominated by proposals to limit the period of time that families can receive welfare benefits and attempt to influence certain behaviors, such as family planning or school attendance, by imposing sanctions (usually a cut in benefits) or offering payment incentives. While some participants in the debate have voiced concerns about the well-being of children in families whose benefits might be terminated or reduced, there has been little attention, overall, to the potential benefits of integrating child development and welfare-to-work supports in programs implemented under new welfare policies.

Alongside these developments in welfare reform is the emergence of new program models and initiatives that reflect a two-generation intervention strategy. The most prominent models are those discussed in this volume. Interestingly, the disciplinary origins and policy orientations of the different models suggest wide-ranging support for the two-generation strategy. New Chance evolved from previous work in the field of welfare-to-work programs. Even Start originated in federal education legislation (the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988) and is administered by the Department of Education. The Comprehensive Child Development Program (CCDP) and the Head Start Family Service Centers build on earlier efforts to develop comprehensive programs within the Agency for Children, Youth, and Families. Avance, which has become a prominent national model in the field of family support programs, was established as a community-based antipoverty program designed to respond to the special needs of low-income Hispanic families.

In addition to these models, other recent program initiatives that target Head Start families and teen parents reflect a two-generation approach. Head Start Collaboration Projects are

state-level efforts to coordinate Head Start with other child and family programs, including JOBS (Head Start Bureau, 1992). Developing comprehensive services for teen JOBS participants and their children is the focus of a recent federal initiative (U.S. Department of Health and Human Services, 1992). Taken together, family-focused innovations in the welfare reform arena and the emergence of new program models may spur broader interest in designing interventions that combine a range of services to support the healthy development of young children with education and training assistance to help parents progress toward employment.

A final critical issue affecting the prospects of two-generation interventions is whether national child care policy will move toward stronger or weaker support of child care quality. Phillips (1991) describes the current opposition between the goals of the low-cost custodial child care typically offered in welfare-to-work programs and the developmentally oriented care provided in high-quality care and early childhood education settings. The potential of two-generation programs to improve children's long-term development clearly will depend upon a positive change in child care policy, leading to a much improved supply of child care that can support children's healthy development and parents' ability to pursue education and training.

IMPLICATIONS FOR PROGRAM DEVELOPMENT AND EXPANSION

Programs designed to help vulnerable families can be examined through a variety of lenses. In this chapter we have grouped together a set of programs that employ a two-generation intervention strategy and focused on their potential to reduce several major risk factors that have been implicated in poor developmental outcomes. The actual efficacy of particular models will depend on many factors, including many of the implementation issues discussed in subsequent chapters. Moreover, research is now underway that will further illuminate the operations of these programs and also their impacts on children and families (Smith, this volume). In advance of outcome findings, however, we find a compelling rationale for the strategy of combining self-

sufficiency services with supports for children's development in existing research on developmental risk. Using our current knowledge of development risk to examine different kinds of program models should be an ongoing exercise. As findings on program impacts and mediating processes become available, we will need to examine them in light of analyses that show how the programs attempted to reduce immediate and long-term risks for children and their families.

The other context we have placed these programs in is the changing policy and program environment that may influence their expansion. Overall, conditions seem favorable for continued strong interest in two-generation interventions. Future research findings may contribute to this interest and we hope that they will inform efforts to increase programs' capacity to improve the life course of at-risk children and their families.

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2

THE EVEN START FAMILY LITERACY PROGRAM*

Robert G. St.Pierre
Janet P. Swartz

PROGRAM BACKGROUND

Until recently, the nation's literacy problems have been addressed via a dual system of public and private sector programs: (a) remediation programs for adults in the form of adult education or workplace literacy programs, and (b) prevention programs for children through early childhood education efforts such as Head Start (Barbara Bush Foundation, 1989). The seeds of a new approach were sown in the late 1970s and early 1980s, when many of the first "family literacy" programs are planned and implemented. Drawing on existing early intervention and adult literacy programs, family literacy programs are predicated on the beliefs that children's early learning is greatly influenced by their parents, that parents must develop and value their own literacy skills in order to support their children's educational success, and that parents are their children's first and best teacher.

* This paper is based on work conducted by Abt Associates Inc. under contract to the U.S. Department of Education. The views expressed here are the authors' and do not necessarily represent the views of the U.S. Department of Education.

In the late 1980s this new approach emerged in full force as family literacy programs proliferated under a very wide range of sponsors, including state governments (for example, Kentucky's PACE program), school districts (such as the Marin, California, Library Family Literacy Program), private foundations (including the Kenan Charitable Trust's Family Literacy Program), private corporations (such as Stride Rite's Intergenerational Day Care program), and universities (for example, El Paso State College's Family Intergenerational English Literacy Program). The movement attained national status in 1989 when the federal government instituted its family literacy centerpiece, the Even Start program.

The Even Start Family Literacy Program was authorized by the Elementary and Secondary Education Act of 1965 as amended by the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. 100-297). In 1991, Congress passed the National Literacy Act (P.L. 102-73) which amended Even Start. According to the law, the Even Start program is intended to:

> improve the educational opportunities of the Nation's children and adults by integrating early childhood education and adult education for parents into a unified program. . . . The program shall be implemented through cooperative projects that build on existing community resources to create a new range of services. (P.L. 100-297, §1051)

To be eligible for Even Start, a family must have an adult who is eligible for adult basic education programs, must have a child less than eight years of age, and must live in the attendance (catchment) area of an elementary school which receives federal Chapter 1 funds. Even Start projects must provide participating families with an integrated program of early childhood education, adult literacy training, and parenting education. The program's design is based on the notion that these components build on each other and that families need to receive all three services, not just one or two, in order to effect lasting change and improve children's school success. As a *family-focused* rather than parent- or child-focused program, Even Start projects have three interrelated goals:

- to help parents become full partners in the education of their children;

- to assist children in reaching their full potential as learners; and
- to provide literacy training for their parents.

To achieve these goals, the U.S. Department of Education began Even Start as a demonstration program that provides school districts with four-year discretionary grants for family literacy projects. Seventy-six demonstration grants totaling $14.5 million were awarded in 1989. Program funding grew in 1990 to a total of $24 million, which was used to fund a total of 123 projects. The Even Start program expanded again in 1991, when $49.8 million was used to fund about 230 projects. In 1992, Even Start became a state-run program when funding grew to $70 million,[1] distributed among an estimated 340 projects serving about 20,000 families. Funding for Even Start is expected to continue growing, to $90 million for 1993.

This chapter provides information about the implementation of the Even Start program. It first describes the design of the Even Start program and the national evaluation that was funded in 1990 by the U.S. Department of Education. Early findings from the evaluation are then presented, including descriptions of the characteristics of Even Start participants, the services provided by Even Start projects, and implementation and participation issues faced by Even Start.

PROGRAM DESIGN

The Even Start legislation contains language setting forth the major elements that must be the basis of each Even Start local project. However, the legislation allows grantees great flexibility in devising projects to meet local needs. Grantees make their own decisions about the frequency and duration of program activities as well as instructional approaches. Even Start encourages local staff to draw on available program models and to collaborate

[1] According to Department of Education regulations, programs funded for $50 million or more per year must be administered at the state level. Each state receives a percentage of the total funding based on Chapter 1 allocation formulas. States hold grant competitions and make awards. Regulations specify that each Even Start grantee must receive a minimum of $75,000 per year.

with existing service providers to create projects that are tailored to the needs of local families. Because of this, Even Start can be regarded as a "family literacy laboratory" in which many different strategies are being tried, and early evidence reveals that Even Start includes a fairly complete representation of the various adult education, parenting education, and early childhood education programs that exist in the nation today.

Figure 2–1 presents a conceptual model depicting the types of activities conducted by Even Start projects and the causal chain anticipated as a result of those activities. The projects are characterized as having program inputs that influence the creation of program processes, which in turn lead to several sets of outcomes for parents and children. At each level (inputs, processes, and outcomes), contextual variables act as mediators. Examples of measurable indicators are provided for each major set of variables shown in the model.

The model shows that variation in local projects can be described along many dimensions, including the collaboration strategy used by the project in deciding what services to provide directly and what services to provide through referrals, the characteristics of target children and adults (for example, age of child, family language), the extent to which services for families are integrated (for example, how much do activities in parent education reinforce learning in adult education?), the use of an existing educational model and materials for delivering early childhood and adult education services, strategies for recruiting and retaining program participants, the role that parents play in the project, and staff development activities. Further, many Even Start projects use case managers, parent liaisons, or family advocates as key staff in the provision of coordinated services. Case managers conduct needs assessments and have ongoing contact with a number of families at centers and through home visits. They are responsible for the direct provision of some services as well as for ensuring that participating families take advantage of other services.

Three "core" Even Start services are outlined in the legislation:

1. *Early childhood education:* Services to meet the early education needs of children from birth to 8 years of age, designed to enhance development and prepare children for success in school.

2. *Adult education:* Services that develop the basic educational and literacy skills of the adult, including adult basic education (ABE), adult secondary education (ASE), English as a second language (ESL), or preparation to attain a General Education Development (GED) certificate.
3. *Parent education:* Services for parents designed to enhance parent-child relationships and help parents understand and support their children's growth and development.

It is expected that each Even Start family will participate in all three core services. Local projects have the freedom to choose the specific instructional strategies used in each core service area. In addition, Even Start projects can decide to focus educational activities for children on a narrower age span than the birth through eight range that is targeted by the legislation. Nearly 20% of Even Start projects funded in the first year of the program restricted core educational services to children who are three years of age. Another 20% do not provide direct services to children who are older than five. However, in both of these types of projects, parenting information and special family activities include all of the children in the family up to age eight. Families are allowed to remain in Even Start until there is no eligible family member.

Even Start projects are encouraged to provide some core services to parents and children in joint sessions and to provide home-based services. Core services may be provided by staff funded through Even Start or by staff at cooperating agencies. For example, early childhood education may be provided by a local Head Start project and adult education classes might take place at local community colleges. In addition to core services, Even Start projects typically provide a range of "support" services, many of which are designed to enable families to participate in core program activities. Examples of support services are transportation, sibling child care, and referrals for employment. The Even Start legislation requires that support services be obtained from existing providers whenever possible to ensure that Even Start projects avoid duplication of services.

Projects also are encouraged to provide services year-round rather than follow a strict school calendar. Approximately two-thirds of the projects offer early childhood education, adult education, and parenting education activities during the full calendar year. About 20% of projects offer core services only during

FIGURE 2-1 EVEN START CONCEPTUAL MODEL

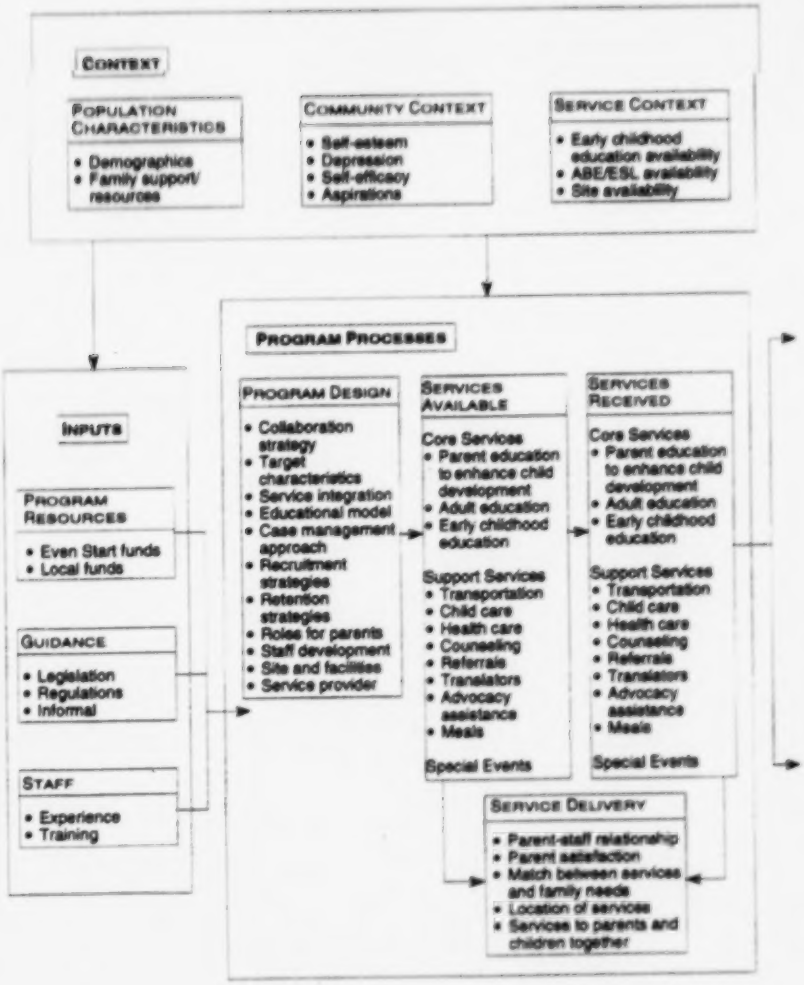

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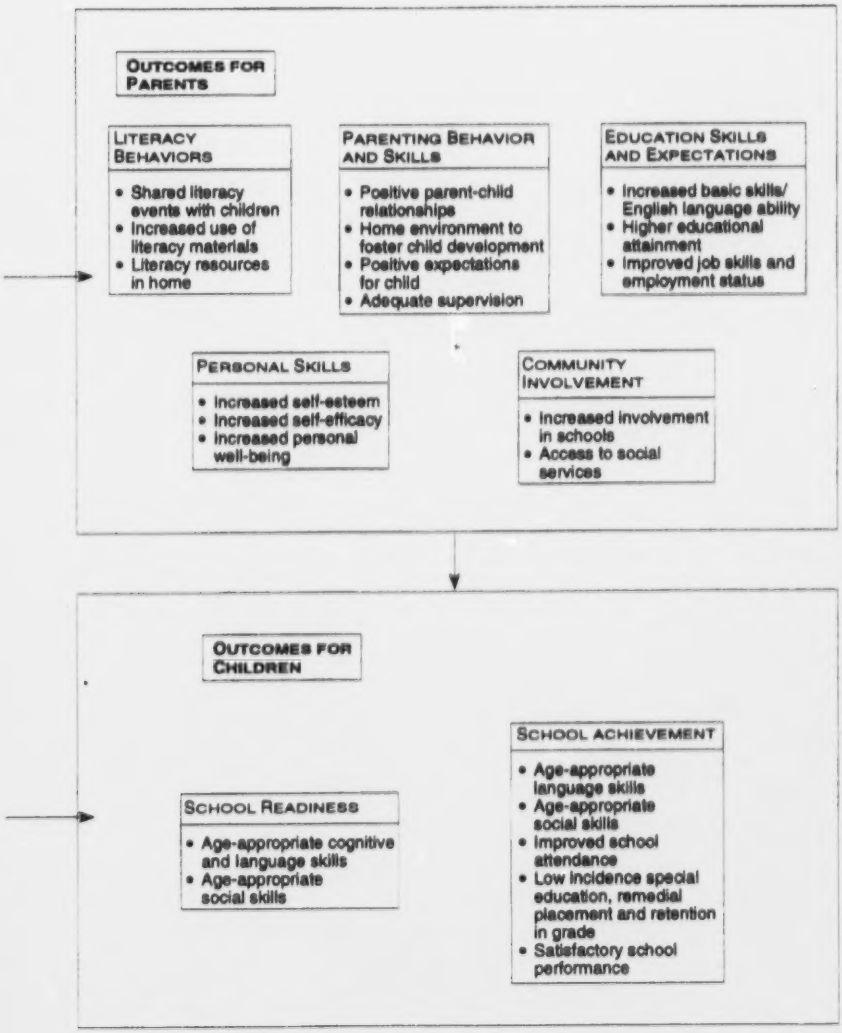
FIGURE 2–1 EVEN START CONCEPTUAL MODEL (continued)


OUTCOMES FOR PARENTS
LITERACY BEHAVIORS
• Shared literacy events with children
• Increased use of literacy materials
• Literacy resources in home
PARENTING BEHAVIOR AND SKILLS
• Positive parent-child relationships
• Home environment to foster child development
• Positive expectations for child
• Adequate supervision
EDUCATION SKILLS AND EXPECTATIONS
• Increased basic skills/ English language ability
• Higher educational attainment
• Improved job skills and employment status
PERSONAL SKILLS
• Increased self-esteem
• Increased self-efficacy
• Increased personal well-being
COMMUNITY INVOLVEMENT
• Increased involvement in schools
• Access to social services
OUTCOMES FOR CHILDREN
SCHOOL READINESS
• Age-appropriate cognitive and language skills
• Age-appropriate social skills
SCHOOL ACHIEVEMENT
• Age-appropriate language skills
• Age-appropriate social skills
• Improved school attendance
• Low incidence special education, remedial placement and retention in grade
• Satisfactory school performance

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the school year. The remaining projects offer services on a schedule somewhere between year-round and school-year, such as the addition of a short summer session to a school-year program.

It is hypothesized that Even Start has the potential to benefit families in several domains. While not every Even Start project will try to affect all of the outcomes listed in Figure 2–1, it is useful to consider the widest reasonable range of potential program outcomes. Desired outcomes for parents include positive effects in three areas linked to the Even Start legislation: literacy behaviors (such as shared literacy events with children, increased reading and writing activities in the home); parenting behavior and skills (for example, positive parent–child relationships, positive expectations for the child); and educational and employment skills (for example, improved reading and English language ability, higher educational attainment). In addition, goals for parents participating in Even Start might include growth in personal skills (such as increased self-efficacy) and community involvement (for example, increased contact with schools).

It also is expected that Even Start will have a positive impact on children's school readiness and school achievement. School readiness variables include age-appropriate cognitive, language, and social skills. Once children enter school, outcomes might include satisfactory school performance and improved school attendance as well as a lower incidence of special education, remedial placement, and retention in grade.

The National Even Start Evaluation

In January 1990, the Office of Policy and Planning in the U.S. Department of Education (ED) awarded a contract to Abt Associates Inc., with a subcontract to RMC Research Corporation, for an evaluation of the Even Start program. The evaluation, which ran from 1990 through 1993, called for annual reports to be delivered to ED as well as a final report to Congress. Four major questions were addressed in the national Even Start evaluation:

- What are the characteristics of Even Start participants?

- How are Even Start projects implemented and what services do they provide?
- What Even Start are received by participating families?
- What are the effects of Even Start projects on participants?

The components of the evaluation are: (a) the National Evaluation Information System (NEIS) for all Even Start projects, (b) an in-depth study of 10 projects, (c) other local evaluation studies as desired by individual projects, and (d) local application for approval by the Department of Education's Program Effectiveness Panel and National Diffusion Network.

The first major component is the *National Evaluation Information System*, which is designed to collect a common set of data from each Even Start project and from most Even Start participants. Administered by Even Start program staff, the NEIS provides ongoing descriptive information about the program, including the types of projects that have been funded, the services they provide, the collaborative efforts they have undertaken, and the obstacles that exist to program implementation. The system also provides detailed information about the families that participate in Even Start, the services that they receive, and the progress that they make in areas such as adult literacy skills, children's school readiness and literacy-related behaviors, and parent–child interactions.

The second major component of the evaluation is the *In-depth study*. This component is designed to complement the broad-based data collected from all Even Start projects through the NEIS by providing additional information on a subset of 10 purposively selected grantees, five of which are conducting small-scale randomized experiments to determine the effectiveness of Even Start. The in-depth study assesses the operations of Even Start projects, the federal and local costs of implementing those projects, the short-term outcomes of Even Start, the relationship between services received and outcomes, and parent perceptions of the effects of Even Start. Analyses will be conducted in an attempt to determine how parent outcomes mediate child outcomes. The 10 in-depth study projects were selected on the basis of (a) willingness to participate, (b) having a fully operational project, (c) serving a large proportion of families with children who are three or four years of age, (d) geographic dispersion, and (e) racial/ethnic diversity.

Characteristics of Even Start Participants

Based on data reported for the 1989–90 and 1990–91 program years (St.Pierre et al., 1991, 1993), Even Start projects are serving the intended population. All of the participating Even Start households have at least one child under the age of 8, 77% of the adults who participated in Even Start core services have not completed high school, and 71% of Even Start families have an income under $10,000. Even Start participants can be further described as follows:

- 48% of Even Start families describe themselves as couples with children, 40% are single-parent households, and 12% have extended families or other living arrangements.
- 47% of Even Start families report job wages as their primary source of financial support, while 52% report that government assistance is their primary source of support.
- 45% of Even Start adults are white, 26% are black, 20% are Hispanic, 6% are Native American, and 4% are Asian or Pacific Islander.
- English is the primary language for 74% of Even Start adults; Spanish is the primary language for 20%.
- 66% of the adults who participated in core services are female, 34% are male.
- Most adults in Even Start are between the ages of 22 and 29 (43%) or 30 and 39 (30%).
- 27% of the children in families participating in Even Start are less than 3 years of age, 30% are between 3 and 5 years of age, and 42% are between 5 and 8 years of age.
- Even Start serves children with low verbal skill levels. The Peabody Picture Vocabulary Test (PPVT) measures receptive (hearing) vocabulary and gives a quick estimate of verbal or literacy-related skills. Prior to entering the program, Even Start children scored at the 9th percentile nationally.
- The Comprehensive Adult Student Assessment System (CASAS) reading achievement test is a functional assessment system that measures a broad range of English literacy skills and their application in real life domains. Prior to entering the program, 71% of Even Start adults achieved CASAS scores indicating that they can function at a level equivalent to entry

to high school. This is comparable to adults participating in other large studies of adult education programs.

Even Start is a new federal program and it is of interest to see how the characteristics of Even Start participants compare to the characteristics of participants in other similar federal programs. Such cross-program comparisons are never easy because measures are often not comparable across studies. Nevertheless, it is possible to compare selected data on Even Start families with information on families who participate in Head Start (Administration on Children, Youth and Families, 1991) and on families who are participating in the Comprehensive Child Development Program (CCDP), a family support demonstration program funded by the U.S. Department of Health and Human Services (Administration on Children, Youth and Families, 1994).

Even Start families are less often headed by a single parent than families that participate either in Head Start or in CCDP (40% single-parent families in Even Start versus 55% in Head Start and 63% in CCDP). Even Start and Head Start appear to serve about the same percentage of very low income families—40% of Even Start families have incomes below $5000 while 46% of Head Start families have incomes below $6000. CCDP seems to serve a somewhat larger percentage of very low income families—62% of CCDP families have incomes below $6000. Because it lacks an income cut-off, Even Start does serve a larger proportion of families with relatively high incomes (over $15,000) than CCDP. Finally, Even Start serves a higher percentage of white families than Head Start or CCDP (45%, 33%, and 24%, respectively) and a lower percentage of black families (26%, 33%, and 44%, respectively). This quick analysis shows that Even Start seems to be serving the same basic population as Head Start, while CCDP serves a somewhat more disadvantaged population.

DESCRIPTION OF SERVICES AND IMPLEMENTATION ISSUES

Although specific services vary across projects, examples of the types of activities provided by different projects are presented here to illustrate the range of services offered. In each service

area, we discuss key implementation issues and early lessons that are emerging from the projects.

Early Childhood Education

The language of the Even Start legislation regarding early childhood education indicates that projects should establish instructional programs to prepare children for "success in regular school programs." The law does not specify the structure or content of these services, but rather allows each project to select its own approach to early childhood education. Either directly or through collaboration with existing early childhood programs such as Head Start, most Even Start projects provide a center-based early childhood program. These early childhood programs are rarely invented from scratch by Even Start projects. Rather, they usually rely on existing, proven curricula for young children, with the High/Scope curriculum cited most often (by nearly one-third of the projects in the first year of the program).

A small proportion of projects meet the early childhood criteria by offering activities for parents and children together, either in home-based or center-based settings, or by training parents to work with their children at home. These activities tend to take place less frequently than a center-based early childhood program.

Based on records maintained by project staff for the national evaluation, the average child in Even Start received 25 hours of early childhood education per month (median of 14 hours). This average is less than what would be received by a half-day program offered five days per week. However, by design there is tremendous variability across Even Start sites. Project-level averages range as high as 144 hours per month, which is nearly a full-day, full-week program.

Projects use a combination of early childhood staffing options, depending on the age of the child and the availability of programs in the community, and collaborate with multiple organizations. A large proportion of projects collaborate with Head Start (65%) and preschools run by the school districts (41%). About half of Even Start projects rely completely on collaborating agencies to provide their early childhood program. Less than 20% of Even Start projects run the early childhood program exclusively with their own staff. This is not surprising given the high cost of early childhood education services and

their availability in many communities through cooperating agencies and the public schools.

Providing early childhood education for children in the full Even Start age range has been a challenge for a number of projects. Projects offering center-based activities for children younger than 3 years of age, when the school district has not offered these services before, have had to adapt space to the needs of infants and toddlers and meet additional day care and health regulations. In some cases, these modifications were expected and well-planned; in other cases, the requirements were not anticipated and created implementation burdens for projects. Projects that have enough space for separate classrooms for children of different ages seem to be more successful in adapting their program to the wide age ranges than those that have tried to offer child care to multi-age groups of children. Nevertheless, addressing the child care needs of parents is critical in order to enable them to attend adult education and parenting activities.

Adult Education

Even Start projects serve adults with a wide range of adult education needs—23% have completed high school or have a GED, 54% have some high school education, and 23% have no high school experience (that is, they did not enter grade 9). Some projects recruit adults who are capable of attaining a GED quickly, others focus on adults with very low skill levels, and still others enroll adults at all skill levels.

Even Start projects offer a variety of activities to enhance adult basic skills. All projects report that they provide services to prepare adults to attain a GED certificate; 80% to 90% of the projects also offer services in adult basic education and adult secondary education. Approximately two-thirds of the projects offer services in English as a second language.

Many projects have special features that they use to augment their adult education program and make it more responsive and appealing to adult learners. A number of projects incorporate computers into their instructional program for adults. Project directors indicate that computers are a very successful way to get Even Start parents interested in adult education. Some rely on instructional software in reading and math while others use basic word processing programs. A number of projects also use computers as a way for adults to write stories or create monthly

newsletters. A few Even Start projects have established computer linkages and have instituted a pen pal program among adults at different Even Start projects.

Newspapers are an innovative way that several of the Even Start projects incorporate real-world reading materials into adult education classes. For example, some adult education classrooms receive newspapers, either local papers or a nation one such as *USA Today*, that students read and discuss daily. Other projects obtain free copies of newspapers from local publishers and distribute them to families to read at home.

Project records reveal that the average Even Start family received 13 hours of adult education a month (median of 8 hours). Project-level averages ranged as high as 47 hours per family per month. Part of this variability is due to program differences in the design of adult education activities, and part is due to variability in attendance among individual adults.

Adult education services are provided in a variety of formats and by different levels of trained personnel, ranging from volunteers to certified adult education teachers. For example, a number of Even Start projects collaborate with Literacy Volunteers of America, whose volunteers provide individual tutoring to Even Start adults. Other projects link with school district adult education or community education programs to provide adult education or GED classes. Another model is to hire new staff who teach adult education at the Even Start site.

Overall, approximately 30% of the Even Start projects have their own staff who provide adult education instruction, and about 30% of projects have cooperating agencies that deliver all adult basic education services. Another 30% of the Even Start projects arrange for joint provision of activities with cooperating agencies (for example, staff from collaborating agencies run classes at the Even Start site).

Most projects use one of two approaches when offering adult education classes. One approach is to hold adult education classes during the day, when children are in early childhood education classes. This allows transportation to be coordinated for both adults and children, and the early childhood education program meets the child care needs of parents while they attend adult education classes. In addition, attendance at adult basic education can be enhanced if it is tied to child attendance at early childhood education classes. On the other hand, classes held during the day are difficult or impossible for working parents to attend. To address this problem, some projects offer classes at

night. This solves the conflict between adult education and work, but loses the benefits of the first approach.

The focus of instruction in adult education is one of the challenges identified by Even Start staff. Some projects offer adult education classes that are geared toward the GED test and incorporate GED workbooks, while others provide general instruction in basic skills such as reading, writing, and math. There is concern among many project directors that the evaluation emphasizes the attainment of the GED certificate as a key outcome of the success of the Even Start program, yet for many adults with large educational deficits the GED is a long-term or possibly even unrealistic goal.

A related issue projects face is designing appropriate instruction in adult education for adults who are at varying skill levels. For projects working with adults who have low-level basic skills, the school district or community college classes for adult education or GED preparation are not appropriate. To serve this group of adults, some projects turn to individual tutoring through Literacy Volunteers of America (LVA) or provide other types of one-to-one instruction during home visits. Individual tutors usually tailor instruction to match the adult learner's interests. For example, the LVA tutor in one Even Start project borrows history books from the library and used books from the school district to help a mother work toward obtaining American citizenship. Another tutor uses driver's education books as instructional materials during the weekly meetings with a woman who wants to get a driver's license.

For center-based instruction for adults with low-level skills, projects may integrate a variety of instructional materials and methods. For example, one adult education teacher uses *Stars*, a magazine written at the third and fourth grade level, because it includes readings on sports and black history that will be of interest to her adult students. Many projects also incorporate computer programs designed for adults with limited basic skills. One such program is the IBM PALS computerized instruction, developed as a 100-hour program to teach computer and literacy skills to low-level readers. The Josten Learning Corporation also has an instructional computer package that can be used with adults who have low-level skills. Two advantages of computerized instruction are that (a) instruction can be individualized to each learner, with additional exercises provided in weaker areas; and (b) headphones can be used to give individualized directions orally to students with poor reading skills. Another advantage is

that working on computers seems to have more appeal to adult learners than the traditional workbooks they may remember from their prior unsuccessful educational experiences.

Parenting Education

Parenting education is the third component of the Even Start service model. Although information about parenting may be integrated into early childhood and adult education activities, parenting education is seen by projects as an important component in its own right. Parent education activities take the form of group discussions, hands-on activities, home visits, and special speakers. Projects tend to use materials from a variety of curriculum sources rather than relying on one source exclusively. Commercially available materials that are used include Bowdoin Parenting Education, Systematic Training for Effective Parenting (STEP), Dorothy Rich's Megaskills, and Head Start's "Looking at Life." Topics for parenting education reported by more than 90% of the projects include helping families make use of services provided by other social agencies, increasing parents' understanding of their role in the education of their children, orienting parents and children to school routines, furnishing information about child development, training parents in child behavior management, working to build parental self-esteem, and instructing parents in life skills such as the application of sound principles of health and nutrition.

Project data indicate that the average Even Start parent received 7 hours of parenting education a month (median of 4 hours). An examination of project-level averages shows that the amount of parenting education ranges up to 27 hours per family per month.

Approximately half of the projects use Even Start staff to run parenting sessions. This is in contrast to the pattern seen for the provision of services for adult education, since programs for parenting education are much less likely to exist in the community. Another 40% of parenting education services are provided jointly by Even Start staff and staff from cooperating agencies. In a small percentage of projects (5%–10%), parenting education services are delegated completely to cooperating agencies.

The staff responsible for parenting education are usually either early childhood education teachers or adult education teachers. Few projects hire separate staff to run parenting

classes, although some projects have hired social workers for this purpose.

The parenting component of Even Start generally is not what draws adults into the program. Parents may be interested in Even Start for the adult education because they have a goal of attaining the GED certificate or high school diploma, or because they want to get their children into an early childhood education program. Staff report that parents rarely enroll because they want the parenting component. Parents usually believe they "know how to be a parent."

However, Even Start parents in a number of sites indicated that the parenting component is one of the areas where they see the biggest impact of the program. It seems that many Even Start parents were not aware of how they could improve their parenting, but after participating in the program they see the changes in their interactions with their children as one of the clearest differences. Parents report having more patience with their children, using less physical punishment, and learning how to play with them.

Activities for Parents and Children Together

Parent–child activities serve as vehicles for enhancing parents' knowledge and skills, and Even Start grantees are strongly urged to use this service delivery mechanism. Most projects offer the following types of parent–child activities: reading and story telling, developing school readiness skills, playing to foster social development and motor skills, and doing arts and crafts and computer activities.

A number of projects encourage or require parents to volunteer in their children's classroom as a method of learning about positive ways to interact with their children and appropriate activities to foster their young children's development. In addition, several Even Start projects incorporate the parent–child component of the Kenan model of family literacy disseminated through the National Center for Family Literacy. A key element of the Kenan model is Parent and Child Together (PACT) time, when parents spend between 30 and 45 minutes each day in the children's classroom working on activities together. In one project, the joint parent–child activities for PACT time are chosen alternately either by the child, the parent, or the teacher, so that no single participant dominates. In another project, the specific

activities that parents work on during PACT time are planned by the early childhood teachers in concert with the adult education teachers. Parents may work in pairs with their own children on activities such as puzzles or an arts and crafts project, or they may work in groups with other parents and their children.

Even Start projects generally provide parent–child services directly, rather than through a cooperating agency. Depending on the activity, over 50% of the projects have their own staff run the activity directly and about 30% share responsibility with a cooperating agency. Only 5% delegate exclusive provision of adult–child activities to an external agency.

Projects that have joint parent–child time in the early childhood classroom describe this activity as both a benefit and a challenge of the program. As one early childhood teacher commented, parent–child time is the "heart" of the program, makes the program unique, and without it "this would be just another program for disadvantaged children." Yet at the start of the program year, staff report that it is hard to get parents and children to play together. Parents may be uncomfortable or unsure of how to play with their children or reluctant to let children do things on their own or at their own level. Staff report that parents who have not had the opportunity to explore different materials when they were young tend to get very involved and ignore their children. One approach that staff have found successful is to give parents a chance to use arts and crafts materials in the adult classrooms before joining the children or to let parents make something of their own along with the children, and to give parents information at the start of the year about what to expect (for example, children will not be able to do everything right the first time).

Home-Based Services

The Even Start legislation instructs grantees to provide "integrated instructional services to participating parents and children through home-based programs." In most projects, home visits serve as either a primary or a secondary means of providing parenting or parent–child services. For example, home visits often include modeling for the parent some educational activity with the child or leaving toys and books in the home to borrow or keep. In a small proportion of projects, adult education also is provided through home-based instruction.

Staff describe multiple benefits of going to families' homes, such as getting to know the whole family and giving parents the message that they care enough to come to their home. Home visits also provide an opportunity for project staff to interact with parents and children in a less formal way than in a structured classroom. Staff indicate that home visits are a particularly effective service delivery mechanism for families who are reluctant to come to center-based activities because of negative past experiences with schools or social service agencies or because of cultural or language differences.

Some projects have found that parents may be reluctant to have project staff in their homes. In some cases, this is an issue of pride, where families are embarrassed about the quality of their living conditions, or of suspicion, when they fear that the home visitor has come to evaluate or report conditions. In an effort to gain families' trust, many projects prefer to use paraprofessionals rather than professionals to conduct home visits, or if they rely on professionals, they hire staff experienced in home visiting, such as social workers.

Support Services and Special Events

Support services are provided directly to Even Start families to enable them to participate in core services. Support services remove barriers that, if unattended, would restrict a family's ability to participate in educational services. Among the support services provided by more than 75% of the Even Start projects are transportation, child care, referrals for employment services, mental health services, family advocacy assistance with government agencies, counseling, nutrition assistance, and health care assistance. Support services offered by at least 50% of the projects are referrals for child protective services and for battered women, care for handicapped family members, meals, and services for chemical dependency.

Even Start projects provide about 15% to 20% of support services directly, cooperating agencies provide 25% to 30% directly, and Even Start and cooperating agencies jointly provide another 25%. However, as might be expected, there is substantial variation in the extent to which different support services are provided by Even Start or by cooperating agencies. The percentage of Even Start projects providing support services with their

own funds ranges from less than 10% for several types of services to over 50% (for transportation).

The social service needs of eligible families is an issue for Even Start. A number of projects were unprepared for the number and severity of problems that families face. In many sites, staff talk about the extra roles and responsibilities they take on to help families negotiate with local educational, medical, or social service agencies. Staff also discuss the issues of helping families without coddling them and of being empathic and still keeping some professional distance. It seems clear that staff are compassionate and want to help families overcome the many problems they face, yet this additional social work role beyond the responsibilities of a teacher or home visitor position can become overwhelming for staff.

In many instances there is a need for a case manager or social worker to address the families' social service needs before families can focus on educational activities. Several projects do employ social workers. In other sites, staff express the need for a professional social worker to be available to help families. In response to these unexpected needs, a number of projects have reorganized their staffing after the first year of program operations.

Special events, such as field trips to libraries, zoos, museums, or local businesses, help establish rapport between staff and participants, celebrate the accomplishments of participants, provide opportunities for parents and their children to learn and play together, and give adults a chance to support one another. Many parents perceive this social aspect of the program to be a benefit. Women in several projects indicated that although they lived in the same housing projects as other Even Start participants, they felt very isolated and spent much of their time alone in front of the television before they enrolled in the program. Even Start has helped to relieve that isolation. Special events also offer educational opportunities for children. Further, parents can begin to incorporate these activities into family life.

Service Integration

Two types of service integration occur in Even Start: integration across agencies and integration across instructional areas. Even Start projects are required to establish cooperative arrangements with other agencies to avoid duplicating services. This

strategy allows optimal use of limited resources and allows projects to concentrate on providing new services to fill existing gaps. On average, each Even Start project reports 20 cooperative arrangements. Fifty percent of the arrangements are for parenting education, one quarter for adult basic education, and one quarter for early childhood education. The two most common types of organizations involved in collaborative arrangements are (a) public school programs and departments, and (b) local, county, and state agencies or organizations. Informal cooperative agreements are the most common decision-making arrangements. Formal written agreements take place in fewer than 20% of the projects.

We stated above that about half of the collaborative arrangements made by Even Start projects are for parenting education, yet parenting education is the core service that is most often provided by Even Start staff. This apparent contradiction is explained by the fact that early childhood education and adult education services are generally available from existing providers, and Even Start grantees seldom provide these services with their own staff, preferring to arrange for Even Start participants to obtain them from a relatively small number of providers, including Head Start, Chapter 1, and other preschools for early childhood education; and local community colleges for adult basic education. On the other hand, parenting education services rarely exist in any organized fashion. Hence, Even Start grantees often provide or coordinate the provision of these services using their own staff. They enter into multiple cooperative arrangements for parenting education services because no single agency is able to provide this service.

A second type of service integration is the coordination of instruction across the core service areas. Building a collaborative approach to adult education, parent education, and early childhood education is difficult, particularly when the staff and services across the three core areas are not located in the same physical space. Although staff may attend joint meetings through an advisory panel or scheduled staff meetings, the curricula are not always integrated. For example, when adult education and parent education are offered by different staffs, there may be limited information on parenting incorporated into the adult education classes.

Where the adult educators are involved in the parenting or parent–child activities, it seems that integration is enhanced, with the adult education classes including more functional liter-

acy and life skills material related to children or parents. For example, a number of projects incorporate materials about parenting into the adult education classes, having parents read and discuss these materials. In one site, where parents spend time in their children's classroom each day, parents write about this experience as part of their English class, with the discussion incorporating issues of child development and parenting. Another project helps parents write and illustrate stories for their children as part of a class on children's literature and fairy tales. In both of these examples, parenting and child development issues provide the content for the process of reading, writing, and computer literacy, which are the adult education skills being taught.

Program Participation

Difficulties in the recruitment, retention, attendance, and motivation of families are the most common barriers to program implementation cited by Even Start project directors. Although the law and program regulations do not specify any set length of participation in Even Start, the program is intended to serve families that have both low-literate adults and children younger than eight years of age. It can take time to remedy literacy problems, and the law allows projects to be funded for periods of up to four years. This permits projects to provide relatively long-term, multi-year services. Moreover, the law requires grantees to encourage participants to remain in the program for a time sufficient to meet program goals. Some projects intentionally recruit families with very low-literate adults and plan to serve them for several years, while other projects plan to provide shorter-term services to families that have an adult who can reasonably expect to attain a GED within the coming year. All projects are encouraged to serve those families who are most in need of Even Start services.

Recruitment Strategies

Projects use a variety of recruitment strategies to inform parents about the program and encourage them to enroll. During the initial start-up of a project, when families are unfamiliar with the project, in-person recruitment is the most successful approach. Seventy percent of projects use home visits to recruit

families. Methods include both door-to-door cold calls, where staff fan out in the neighborhoods and talk with parents of young children, and appointments made to follow up on inquiries. Once the project is better known in the community, home visits are a less frequent recruitment strategy. More commonly, families are referred by other families, the school system, or community agencies.

Project directors and parents each indicate that adult education is often the hook that brings families into Even Start. Many adults are interested in getting their GED in order to find employment or get better jobs. For some mothers, the child in Even Start may be their youngest, and they are looking ahead to the time when the child enters public school and the mother has fewer child care needs. Other mothers have indicated that as their children get older and progress in school, they are faced with the dual challenges of not having enough reading and math skills to be able to help their children with school work and, at the same time, to encourage their children to stay in school when the mothers themselves dropped out. As one Even Start mother explained, "when my child came home from school with a book that I could not read or understand, I knew it was time for me to go back to school."

The early childhood component of Even Start is often attractive to parents. In some cases, the early childhood program is seen as providing the necessary child care to enable parents to attend adult education classes. Especially in communities with limited public preschool options, the Even Start early childhood component is a valued commodity.

Retention Strategies

Maintaining parent participation is a continual challenge for Even Start projects. The difficulty that Even Start projects have in retaining families is evidenced by data that show that 55% of the families that began Even Start during 1989–90 participated only in that first year, 25% participated in both the first and second program years, and 20% participated for three years.

There are many reasons for turnover of families in Even Start; some are indicators of program success, while others signal problems. A reason for leaving was reported for only about half of the families that left the program, indicating that project staff are, in many cases, unable to track families as they depart. Families

that exited the program for unknown reasons may be different in important ways from families that exited for known reasons. For example, families that leave for unknown reasons may be more likely to move, to be dissatisfied with the project, or to be difficult to reach than families that leave for a specific reason.

Based on families where there was a reason for leaving, 27% left because they completed the planned educational program. This includes families where all members completed their educational program as well as families where parents obtained their GED or a full-time job, and the entire family exited the program.

Moving out of Even Start's catchment area was the most common reason for leaving the program, listed for 31% of families. This large percentage of movers raises the issue of whether project directors are aware of and are using their option to continue serving families that have moved but are close enough to continue participation (for example, they may have moved to another catchment area in the same school district).

Fourteen percent of the families left Even Start because of a general lack of interest in the program and a subsequent refusal to participate. Another 14% had a family crisis of one sort or another that prevented them from participating. Seven percent left the program because they became ineligible due to a change in the family situation—there was no longer an eligible child or adult in the family. Six percent gave a variety of reasons that suggested personal or structural conflicts or barriers to continued participation. These included medical reasons, work conflicts, pregnancy, scheduling conflicts, child care problems, and a lack of transportation.

Most projects incorporate incentives of one kind or another to encourage families to participate. Contracts or rules for attendance are one type of retention strategy. Contracts help to clarify parents' roles and responsibilities (for example, parents agree to turn off the television during home visits and work through activity kits with their children at home). Contracts also are used to identify a specified level of participation in certain activities, such as attending adult basic education classes a minimum of twice a week, participating in two parenting workshops a month, or volunteering in their child's classroom at least twice a month.

Projects work hard to maintain participation levels and understand that they often have to make extra efforts to encourage reluctant parents. Project staff report that regular participation depends greatly on the ability of staff to bond with program participants, as well as the degree to which participants come to

see Even Start as providing a useful support system. Some projects use participants to recruit and retain other participants. As one mother put it while trying to talk a friend into attending, "If I can do this, so can you."

If parents are not participating fully, project staff often make special home visits to determine whether families are still interested in the program. Some projects have interim strategies that they put in place before they remove a family. For example, a family that does not attend regularly may temporarily lose transportation services. While project staff are always reluctant to have families drop out of the program, they recognize that it is necessary to know when families are no longer actively participating in order to offer that slot to other interested families. Also, staff indicate that attendance policies serve to reinforce the idea that keeping an appointment is an important life skill that they want parents to learn. In addition, letting parents know that others are interested in the program sends the message that it is a limited and valued resource.

Projects also provide tangible rewards for participation, including prizes such as books and fans (in warm-weather climates) as well as t-shirts and certificates for attendance. Some projects let parents accrue credits for good attendance, which they can use to make purchases from an Even Start store stocked with such household necessities as toothpaste and detergent, or to participate in special outings and field trips.

Other incentives are woven into program activities. Food is particularly successful in enticing parents to attend activities. More than half of the projects indicate that they have potluck suppers, picnics, or simple meals for families. The majority of projects also have field trips to libraries, zoos, museums, historical landmarks, and local businesses.

Participation Rates

While each Even Start project is mandated to offer activities in adult education, early childhood education, and parent education, the extent to which families participate in or receive these services varies considerably. Implementation of Even Start should lead to an increase in the amount of services received in each core service area. Evidence of such increases in services actually received is a key factor in the evaluation's ability to attribute observed pretest–posttest gains to Even Start as opposed

to other factors. While we do not address the effects of Even Start in this chapter, it is important to assess whether Even Start has achieved its process outcomes—that is, whether it has increased receipt of early childhood education on the part of children, and increased participation in adult education and in parenting education on the part of parents.

Participation is lowest for adult education but has increased substantially over time, from 54% in 1989–90 to 80% in 1990–91 and again to 90% in 1991–92.[2] As part of this evaluation, Even Start parents were asked whether they had previously participated in any of several different types of adult education (adult basic education, adult secondary education, GED preparation, or English as a second language). In total, 29% indicated that they had taken part in some form of adult education prior to joining Even Start. Because 90% of Even Start adults participated in adult education during the third year of the evaluation, it is reasonable to draw the conclusion that Even Start has greatly increased the participation of parents in adult education programs.

Participation is higher for parenting education, with 93% of families participating. Parents were asked questions about previous participation in parenting education programs. Eight percent indicated that they had taken part in a parenting education program. This seems to be a reasonable estimate—parenting education programs are rare. Further, it indicates that Even Start successfully provided a service that was previously used by very few parents, since in the third year of program operations 93% of Even Start adults participated in parenting education.

Participation in Even Start is highest for early childhood education—98% of Even Start families had a child who participated in early childhood education. It is a difficult task to determine the extent to which children from disadvantaged homes would participate in early childhood education programs in the absence of Even Start, because Even Start serves children from birth to age eight, and early childhood education participation rates differ by age. Data from the national longitudinal study of Chapter 1 (Puma, Jones, Rock, & Fernandez, 1993) provide information on this issue. According to this nationally representative study, 26% of Chapter 1 students had participated in Head

[2] A family is considered to be participating in Even Start if the Even Start project director indicates that the family was actively involved in programmatic activities at some time during the program year.

Start, and 35% had participated in some other preschool, for a total of 61%. Because data from the current evaluation show that children have a 98% participation rate in early childhood education, we believe that Even Start has increased the percentage of children participating in early childhood education programs.

Implications of Recruitment and Participation Findings

Identifying families eligible for Even Start has not been a major problem for most projects. However, the fact that free services are offered is no guarantee that a family will avail themselves of those services. Participation in Even Start requires a serious commitment from a family—an adult must participate in adult basic education and must participate in parenting education classes, and a child must participate in an early childhood education program.

In voluntary programs like Even Start, no stick is available to ensure participation. While we may see the provision of social services as a presumed benefit, it is often difficult to convince at-risk families of the validity of that point of view. Potential Even Start parents are often enthusiastic about the possibility of getting their children into an early childhood education program. Participation in adult education is a positive feature for some adults, those who see the possibility of obtaining a GED, but it is a negative point for other adults. On the other hand, participation in parenting education rarely seems to be a drawing card for Even Start. There seems to be a large amount of churning of families through the recruitment process before a project ends up with a full caseload. Further, many families do not remain in Even Start more than one year.

These findings point out one of the difficulties that Even Start project directors face in trying to design and implement their projects: At the local level there is a conflict between the objectives of serving families "most in need" and at the same time ensuring that all families participate fully in each of Even Start's core services. This conflict arises because the Even Start law requires that local projects target "eligible participants most in need of the activities and services provided." At the same time, the Department of Education requires that Even Start families must participate fully in each of Even Start's three core services. Finally, the conflict is compounded because there is no definition of most in need.

Some projects have tried to avoid the conflict by focusing on families that are "ready to learn." Though they are low-income and headed by adults who are in need of further education or enhanced skills, such families are not experiencing frequent crises or serious problems that divert them from the goals of Even Start. These projects are likely to have higher participation rates for core services and expend less energy than other projects on support services. The support services that they do use tend to be logistical in nature, including such issues as transportation or child care.

Other projects have tried to meet both requirements by focusing on the most "difficult to reach" families. These are families with the lowest skill levels, facing the most severe social and educational problems. These families often require large amounts of Even Start's support services, but are unwilling or unable to be full participants in Even Start's core services. Therefore, this approach can result in projects that obtain lower participation rates in core services, and at the same time expend substantial energy and resources on support services that tend to be "life supporting" rather than logistical in nature—substance abuse treatment, counseling, or housing assistance.

Finally, there is the problem of having no clear definition of most in need. Most in need is usually interpreted with respect to a general need for social services and education. That is, an adult who only completed sixth grade is seen as having a greater need than an adult who completed eleventh grade, and an adult with a substance abuse problem has a greater need than one without such a problem. These distinctions make sense, but lead Even Start project directors to feel that they cannot serve adults who could benefit greatly from Even Start—who could, for example, obtain a GED within a year—because they have to focus on families that, although they are in greater need, are simply not able to benefit as readily from Even Start's literacy-based activities.

Even Start is not alone in facing this type of problem. Much the same issue has been reported in recent analyses of the Family Support Act and the Jobs Opportunity and Basic Skills (JOBS) program (Pauly, 1992). The JOBS program created incentives for states to provide or expand educational services for people on welfare, while stressing their reciprocal obligation to participate. However, Pauly (1992) reports that there was a lack of consensus and clarity of goals about whether JOBS programs should focus on job preparation, educational credentials, or daily living skills. Similar conclusions were reached by Herr,

Halpern, and Conrad (1991) in their study of JOBS and Project Match. They conclude that "the JOBS program is based on an unrealistic conception of what it will take to move the most disadvantaged welfare recipients into the mainstream work and social worlds" (p. 3). Further, they question the appropriateness of basic skills classes as a required first step for people with poor educational histories. Instead they advocate a more incremental approach, viewing the volunteer work of a highly disadvantaged parent in a Head Start classroom as an appropriate first step on a ladder that leads to subsequent education and training.

Even Start's experience is directly in line with these observations. The question that current Even Start project directors as well as prospective Even Start grantees need help addressing is: Should Even Start be limited to a family literacy program that targets families that are ready to learn and that are motivated to participate, or can it also be a social service program focusing on families with the most difficult problems, even if such families cannot be expected to participate directly in Even Start's literacy-based core services for several months or longer?

The answer may lie somewhere in the middle. While some Even Start staff have suggested that a strict interpretation of the regulations (that families must participate in all three core services) might need to be relaxed, it may also be counterproductive to give adults with poor educational experiences the option not to work on basic skills. Requiring joint adult and child participation is the only stick that Even Start has available. What might help projects is for the Department of Education to provide technical assistance in instructional strategies appropriate for multi-problem families and adults who have low-level skills. This could include assistance in designing alternatives to traditional adult education, staff training in working with multi-need families, and increased referral networks or staff capacity to give social services a more prominent place in the Even Start model.

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3

AVANCE PARENT-CHILD EDUCATION PROGRAM*

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HISTORICAL OVERVIEW

Avance is a community-based, nonprofit organization that provides family support and education services to high-risk, economically impoverished families. The agency was established in San Antonio, Texas, in 1973. While its programs operate on the premise that all families with young children require support and continuing education during the challenging period of infancy and early childhood, services have been developed in response to the special needs of families living under conditions of economic stress. Historically, Avance has served mainly low-income Hispanic families with a child age three and younger.

In recent years Avance has expanded the scope of its services to include family literacy, male parenting education, early childhood education, mental and physical health care, economic

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development, and family advocacy. It has also expanded geographically with programs in Houston and the Lower Rio Grande Valley. A long-standing centerpiece of Avance's comprehensive services, the Parent–Child Education Program, is the focus of this chapter.

The roots of the Parent–Child Education Program are found in Bronfenbrenner's (1979) observations about the impact of environmental factors on human development. Conceptualized as an intervention model for low-income families that strives to break the cycle of poverty by strengthening and stabilizing the family, the program also recognizes important forces beyond the family. Thus, work with families reflects an awareness that family life is embedded in a social, cultural, educational, and economic environment that affects child-rearing values, knowledge about children's development, and parenting practices.

Avance's Parent–Child Education Program can be seen in historical perspective by noting its departure from earlier interventions that focused primarily on the young child as a means of preventing school failure (Lazar, Darlington, Murray, Royce, & Snipper, 1982). A second set of programs with the same goal directed intervention activities at the mother-child dyad (Andrews et al., 1982). Avance shifted the focus to a broader set of interrelated goals for the mother and the child. The goals continue to include improved school performance and reduced behavior problems, but the mother's long-term role in supporting this goal is the principal focus of the intervention.

The program is designed to provide a range of critical supports for the child's first and most important teacher, his or her mother. While the parent is viewed as the primary agent in the provision of structure, organization, and stimulation in the child's immediate environment, attention is paid to personal and family factors that influence parenting. For this reason, the program attempts to foster parenting knowledge and skills that can have a direct impact on children's development, while also helping the parent achieve goals for herself. Along with a strong parenting education component, the program encourages parents to improve their educational and employment status. When mothers have high self-esteem, a sense of personal self-efficacy, and an economically stable home environment, and they are knowledgeable about child-rearing, then they are equipped to play a strong, positive role in their children's long-term development.

The Parent–Child Education Program also addresses broader family needs. Avance gives parents information about community services and instruction in how to use the services and find transportation to reach them. These services include direct interventions with the child, such as health care, high-quality child care, and early childhood education. When difficulties arise, staff stand ready to provide assistance and advocacy.

In this chapter we describe the Parent–Child Education Program as it was implemented during an evaluation conducted from 1987 to 1991 with support from the Carnegie Corporation of New York. The evaluation included measures of psychological well-being, maternal attitudes, knowledge and behavior, social support, knowledge and use of community resources, child behavior, and the home environment. Four outcomes that are particularly relevant to an examination of two-generation models are discussed: depressive symptoms in the mother, the program's impact on the mother's role as a teacher, the mother's continuing education efforts, and participant profiles. (See Johnson & Walker, 1991, for a comprehensive report of the evaluation.)

PROGRAM STRUCTURE AND SERVICES

Avance currently provides the Parent–Child Education Program in five centers and eight schools in San Antonio. Families with children age three and under are recruited annually through a door-to-door outreach campaign in the neighborhoods surrounding the service sites. The average participant is a Hispanic female in her mid-twenties with two to three children. She is often a single mother living on a low fixed income in a public housing project or a rented house. The vast majority of the participants dropped out before completing high school and have little or no work experience. Their average educational level was ninth grade.

The Avance Parent–Child Education Program has two stages. The first stage consists of weekly center-based parenting education classes, which continue for nine months. Additional services include monthly home visits, child care, transportation,

information and referral, and advocacy. Graduates from the parent education program are then encouraged to continue on to the second stage, during which classes in Adult Basic Education, English as a Second Language, and preparation for the General Equivalency Diploma are offered. During this period, which may last for several years, some mothers also enroll in community college courses provided at Avance centers. The ancillary services of child care, transportation, information, and referral, and advocacy continue to be available during the second phase.

The goal of the first year is to enhance the child-rearing skills of mothers of infants so that they are better able to foster the optimal development of their children. The goal of the second year is to provide mothers with educational achievements that will put them in a position to seek employment in better-paying jobs and thus improve their families' standard of living. During both phases the program works to foster the parent's belief in a better future, as well as her ability to achieve parenting and personal goals and to seek out and benefit from social support.

Parent education classes are offered five days a week with each class lasting three hours. Participants select the class day that best fits their schedule and are encouraged to attend the same day each week. Each class is divided into three one-hour sessions. One session each week is devoted to a lesson child growth and development and parenting skills. The presentation of information is conducted in a lecture format with some group discussion. The parent educator presents prepared teaching materials to the group, periodically asking the mothers questions and encouraging them to share personal experiences. A more extended opportunity for informal discussion of the topics is provided during the second session.

The Avance Parent Education Curriculum is divided into a series of ten units, each consisting of between two and four individual lessons. The topics include: providing a foundation for learning; the physical, social, and emotional needs of the child; nutrition for the young child; childhood illnesses; children's behavior; cognitive and language development; prenatal and infant needs; and self-awareness and goal setting for the mother. Each lesson includes a series of overhead transparencies that present the information discussed in class.

The second morning session is devoted to toymaking. Avance has developed a Toymaking Manual that describes the necessary materials, assembly procedures, and educational activities for 32

toys. Participants are provided with the materials and assisted in making an educational toy for their children. All of the toys are assembled using common household materials. One of the toys made in class is the "concept ball." It is a patchwork stuffed ball made by sewing together twelve pentagon-shaped pieces of material of different colors and textures, stuffing them with foam filling, and inserting a noisemaker that is composed of bells enclosed in two baby juice jar lids. Staff discuss educational activities that the mother and child can do together using the toy at home and provide mothers with a "possibility sheet" that describes additional activities. The concept ball is designed to provide both visual and auditory stimulation, and to promote the development of gross motor skills and eye–hand coordination. In addition, the concepts of color, number, shapes, and textures can be introduced. The benefits of social interaction are also emphasized in class discussions of how mothers might use this toy and other materials in play with their children.

The toymaking session allows the participants time to interact on a more personal level. While they cut, paste, draw, sew, and otherwise prepare the materials, they are also making new friends and sharing common experiences. Past participants speak of how they met their "comadre" during the classes, indicating the depth of the relationships which often develop.

During the final session of each class, guest speakers provide information on special topics such as health, nutrition, and community resources. Later, these same resources are often accessed by the participants either on their own or with the assistance of Avance staff. Staff assistance may be as brief as providing a referral or may involve accompanying the parent to an agency and actively advocating for the desired services.

One of the most critical elements of the Avance experience is the relationship that develops between the participants and the staff. A guiding principle of the program is that parents should be treated with respect and dignity. All of the program staff help create a supportive environment by striving to make the participants feel important and welcome. The design of the program allows the mothers the opportunity to get to know a variety of staff involved in child care, the parenting and toymaking classes, home visits, and transporting families to and from home. Often it is the development of a special bond with a staff member that provides the mother with the support and encouragement needed to continue with and prosper from the program.

Mothers frequently credit a particular staff person with making the difference in overcoming barriers.

Staff Characteristics

The staff at Avance is comprised mainly of bilingual Hispanic women. Avance's employment philosophy is directed toward hiring individuals with a background and experiences that are similar to those of the service population. This translates into hiring staff from the community who are able to communicate with the participants in either English or Spanish. The services are community-based and provided by residents of the community. The majority of the staff, including the chief administrators, were reared or currently live in the same neighborhoods in which the agency provides services.

The staff at a center occupy the following positions: parent educator, toymaking instructor, home visitor, child care supervisor, child care staff, van driver, and cook. Of these jobs, the only one that requires a college degree is parent educator. The person in this critical position must be able to interact effectively and empathically with the participants and provide a knowledge-based parent education course. The person responsible for managing the center varies from one center to another, although generally those duties fell to the parent educator during the evaluation. Center management duties include oversight of the daily operations, supervision of the center staff, and some staff development activities. Additional staff training is provided by the program director and more recently by staff from the agency's Department of Training and Curriculum Development.

In order to secure staff members who can understand and empathize with the agency's participants and to provide continuing opportunities for program graduates, Avance gives former program participants priority when staff vacancies occur. Over the course of the evaluation, 75% to 80% of all staff previously had been program participants. This practice provides the agency with a staff who have an intimate acquaintance with the program, having experienced it from the participant's point of view. Furthermore, the fact that they are well known to the program's administrators facilitates making a good match between the person and a particular job.

EVALUATION

Although Avance was a long-standing program, the administrative staff and others believed it was important to conduct an evaluation to better understand and document the impact of program participation. By 1987, the program was mature enough to warrant such an evaluation.

Research Design

The Carnegie evaluation included two program service centers. One was located in a public housing project on San Antonio's west side (Westside), and the other was in a low-income residential neighborhood in south San Antonio (Southside). Two annual cohorts (A and B), each consisting of a program and control group, were recruited at each site in 1987 and 1988. Evaluation participants were followed for two years from program entry. Data collection began in 1987 and was completed in the fall of 1990. Random assignment was used to establish groups at the Southside site. However, because of the long history of the Westside center and the very close living conditions at that site, randomization was not believed to be possible, and a matched groups design was used at that site (Johnson & Walker, 1991). The control group participants were not allowed to participate in any Avance program services during the course of the evaluation. They were provided with a stipend of $10.00 for each research contact.

The first step in the evaluation process was to ask the lead staff to state the goals of the Avance program and to place the goals into three levels of priority. Then, measures were selected that would provide appropriate data to test whether these goals were attained. The collection of data designed to measure program impact was conducted at three time periods for each cohort: baseline data at the start of the program (T1); following completion of the first program year (T2); and following completion of the second program year (T3) (see Figure 3–1). In selecting measures, bilingual accessibility was emphasized, and both verbal/attitudinal and behavioral measures were used. All evaluation instruments were conducted by bilingual Hispanic women using the preferred language of the participant. Mothers and children were included in the assessments.

FIGURE 3–1 EVALUATION MEASUREMENT SCHEDULE

	1987		1988		1989		1990
Cohort A							
Prog	T1	Year 1	T2	Year 2	T3		
Cont	T1		T2		T3		
Cohort B							
Prog			T1	Year 1	T2	Year 2	T3
Cont			T1		T2		T3

[ ] = Program Intervention
T# = Time of Data Collection

Recruitment

Recruitment activities were conducted during July of both 1987 and 1988. To the extent possible, participants were recruited using the same procedures that Avance generally employs. Program eligibility is generally determined by child age. Typically the program staff conduct a door-to-door canvass of the service area, explaining the program to parents of children age three and under. In order to obtain a more homogeneous age group for the evaluation, the maximum child age was reduced to 24 months. In addition, individuals who had previously participated in the program were not eligible to participate in the evaluation cohorts.

Extensive neighborhood outreach is a central component of the Avance program. It is designed to make the services available to those families who otherwise might not utilize the program. It allows the program staff to extend a personalized invitation, encouraging those individuals who are interested but hesitant to take the first step.

Although the usual recruitment procedure was used on the Vestside, the Southside's research design dictated a modification of the outreach effort. Recruitment of participants was still conducted door-to-door, but the presentation was altered to allow for random assignment. Eligible families were invited to participate in the research project and given an explanation of the random assignment procedure. They were placed in a sample

pool if they agreed to enter either the program or the control group.

The numbers of families enrolled in the evaluation are shown in Table 3–1. Avance defines enrollment as attendance at three classes. A control family was considered enrolled if they participated in the T1 data collection. As shown in the table, a total of 486 families were enrolled in the program during the evaluation. Of these families, 361 were available for data collection at T2 and 313 families at T3.

Participant Characteristics

During the evaluation, project participants consisted primarily of young Hispanic mothers with limited education. Details of their background characteristics appear in Table 3–2. Most were in the middle 20s, were born in the United States or had been in the country at least several years, and had dropped out of high school. Very few were employed, but their partners tended to be employed. Total family income was typically in the poverty range, and many received public assistance.

TABLE 3–1

NUMBER OF FAMILIES ENROLLED AND AVAILABLE AT T2 AND T3

	Enrolled	T2	T3
Westside			
Cohort A Exp	55	28	26
Cohort A Con	77	68	59
Cohort B Exp	58	28	25
Cohort B Con	57	50	47
Southside			
Cohort A Exp	49	29	27
Cohort A Con	76	69	54
Cohort B Exp	45	25	22
Cohort B Con	69	64	53

TABLE 3–2

DEMOGRAPHIC CHARACTERISTICS AT BASELINE

Characteristics	Westside	Southside
Mother Information		
Age	24.2	25.2
Born in the United States (%)	82.1	74.5
Years in U.S. if foreign born	12.0	9.6
Hispanic ethnicity (%)	97.6	97.5
High school dropout (%)	79.4	63.4
Years of education	9.2	9.8
Employed (%)	4.1	10.3
Employed in past year (%)	27.9	31.1
Marital status (%)		
single	27.1	12.8
married	39.9	66.7
separated	21.0	9.3
divorced	6.2	3.4
widowed	0.3	0.3
living with partner	5.5	7.5
Husband/Partner Information		
Age	27.4	28.5
Born in the United States (%)	60.3	63.2
High school dropout (%)	68.8	62.7
Years of education	9.6	9.7
Employed (%)	78.2	82.0
Family Information		
Annual income	$4990	$8302
Income support programs		
AFDC (%)	52.4	18.6
Food Stamps (%)	70.8	41.3
Public Housing (%)	35.1	0.3
Number of children	2.7	2.5

Westside mothers were clearly more economically disadvantaged than those in the Southside. More had dropped out of high school, and fewer were married or had a partner. Annual income was much lower, and they were more likely to be receiving public assistance.

RESULTS

Depressive Symptomatology

A measure of depressive affect was included in the evaluation in part because the evaluation designers believed it necessary to have a measure of the affective environment of the child-rearing situation. Research indicates that the demographic profile of Avance participants places them at high risk for developing depressive symptomatology. Depression has been found to be especially prevalent among unmarried Mexican American women with low education levels (Vega, Warheit, Buhl-Auth, & Meinhardt, 1984). The program staff had noted that a significant portion of the participants over the years seemed to be depressed, and they thought that this depression actually interfered with their ability to benefit from the program. Although it was included primarily as a mediator variable, to assist in understanding the relationship between other variables, it also was regarded as an outcome reflecting program impact. The Avance program was not designed to be intensively therapeutic and had no module that was specifically directed at clinical depression. Nevertheless, the evaluators thought it was possible that if depression was present, a stimulating, forward-looking, supportive program such as Avance might have positive effects on parents' mental health.

The Center for Epidemiological Studies-Depression Scale (CES-D) (Radloff, 1977) was selected to assess the effect of program participation on the level of depressive symptomatology. The CES-D is a twenty item self-report scale that is used widely in survey research and with Hispanic populations. It asks about feelings of sadness, enjoyment of life, and relations with other people that the respondent has experienced during the previous week. A score of 16 and above is generally considered to be clinically significant (Weissman, Sholomakas, Pottenger, Prusoff, & Locke, 1977). Initial levels of depressive symptomatology at T1 were very high. On the Westside 58% of participants scored in the elevated range on the CES-D. The rates were slightly lower on the Southside, with 47% of the participants reporting symptoms in this range. The hypothesis that program participation would have a moderating effect on depressed mood was not supported. There were no group differences in the mean level of depressive symptomatology at either T2 or T3 at the two sites.

An important finding of the Avance program evaluation research was that so many mothers from a nonclinical population had high levels of depression. We found more depression than we had expected and discovered that the program did not have a positive impact on depression scores. It is possible that the levels of depression were simply too high for a parent education and family support program to have a substantial impact. It may be that the social situation of many of the participants is so difficult that depression is more or less endemic, and virtually unresponsive to social therapies.

The high levels of depression among Avance mothers should be regarded as a serious threat to children's well-being and development. Billings and Moos (1983) reported that families in which one parent was suffering either major or minor depression were characterized as being less cohesive, expressive, and organized, as well as being more conflictual. Lyons-Ruth and associates (Lyons-Ruth, Botein, & Grunebaum, 1984) have shown that infants of depressed mothers have lower mental development scores and more anxious attachment than infants of nondepressed mothers. These results are typical of an increasing number of studies that have come to essentially the same conclusion: Maternal depression places young children at risk for a wide range of behavioral adjustment problems and depression. (For a review of the literature see Downey & Coyne, 1990.)

In order to adequately address the depression experienced by the Avance mothers, it appears that an intervention component that more directly targets existing high levels of depression and aims to prevent the further development of depression is needed. The staff at Avance are considering the use of a depression intervention program developed by Rehm (1984). The Rehm Self-Management Therapy (SMT) program would consist of a ten week module that would be incorporated into the parenting program. The SMT program has not been conducted with a low income Hispanic population, and so it may have to be modified in some way to work with the Avance program. However, this approach provides a relatively inexpensive method of addressing depression within the framework of the parenting program.

The SMT program would be administered in a small-group format for weekly 1 1/2 hour sessions in conjunction with the regular parenting program. The aims of such a program would be: (a) to teach accurate self-monitoring of daily mood and both pleasant and unpleasant events; (b) to focus attention and awareness on the long-term effects of actions; (c) to teach participants

to make realistic attributions regarding the cause of events; (d) to teach skills for goal setting and accurate self-evaluation; and (e) to teach participants to use self-talk to reinforce goal-directed behavior. This program would promote self-control skills that help people cope with stress.

Mother as a Teacher

A major goal of the program is to help the participants develop in their role as teachers of their children. Through the provision of information, materials (toys), and support, the program aims to affect both the mother's attitude regarding her educational role and the skills necessary to carry it out. The attainment of this goal was assessed with three instruments that examined both attitudinal and behavioral change. At the end of the first year's parenting program, participants completed an attitudinal survey and participated in both a structured home interview with an observational component and a videotaped mother–child interaction session.

The Early Learning Questionnaire (ELQ) is a self-report measure of the mother's belief that she has a determining role in the educational experiences of her children. The items were adapted from the Child-Rearing Beliefs scale that was developed at the Houston Parent Child Research Center (Kahn, Lopez, & Johnson, 1976). At T1 and T2 the ELQ was administered in a small-group questionnaire setting. A trained interviewer read each item and guided the group through the form. At T3 the ELQ was completed as part of a home interview.

The second instrument was the Home Observation for Measurement of the Environment (HOME) (Caldwell & Bradley, 1984). The HOME is a combination interview and observation technique that is conducted in the mother's home with the focus child present. It was used to assess the quality of the home as an educationally stimulating environment and as a measure of mother–child interaction. At T2 the Infant version of the HOME was used. This version was also used at T3 for those families in which the focus child had not reached his third birthday. If the focus child was three or older, the Preschool HOME was used. Although each version yields several factor scores, only standardized Total scores are appropriate for cross-version analyses.

The third assessment was a videotaped mother–child interaction (MCI). At T2 and T3 mother–child dyads were videotaped

during a free play session at the research center using a procedure developed at the Houston Parent Child Development Center (Kahn, Davila, & Johnson, 1976). The sessions were later viewed in order to code maternal behaviors on a variety of dimensions including: positive affect, social initiation, quality of communicative vocalizations, amount of vocalization, contingent praise, encouragement of verbalizations, and amount of teaching. In addition, the following dyadic behaviors were also assessed: mutual enjoyment, joint attention/activity, and reciprocity. The coding, using a system developed by Clark, Smith, and Leifer (undated), was conducted at the University of Houston by trained coders who were blind to the program status of the participants.

Program participants scored significantly higher on the Early Learning Questionnaire at T2 and on the HOME Total at both T2 and T3. The results were similar for both project sites. Moreover, the Mother–Child Interaction results indicated that program mothers interacted in a more positive and stimulating manner with their children. As can be seen in Table 3–3, they demonstrated more positive affect, used more contingent praise, initiated more social interactions, and spent more time teaching their child. Their verbal interaction style also differed from that of the control group participants. Program mothers vocalized more, used more developmentally appropriate words and phrases, and more actively encouraged their children to communicate verbally. The dyadic variables assessed qualities of the shared experience the mother and child create as they engage in play and social interaction. Program dyads demonstrated a heightened enjoyment of the free play activity characterized by positive affect and shared interests. They were more often engaged in or attending to the same activity and were more responsive to the interests and initiations of their partners.

The goal of assisting mothers to become effective teachers of their children was clearly attained. Results indicated that not only did the program have an effect on the participants' attitudes regarding their roles as teachers, but more importantly it effectively changed their behavior. Mothers believed that they could be teachers of their children, and they translated these beliefs into practice in their own homes. They provided a richer, more educationally stimulating environment for their children than did control group mothers, a factor that has been linked to later academic success (Bradley & Caldwell, 1984). The program moth-

TABLE 3-3

PROGRAMMATIC IMPACT ON MATERNAL AND DYADIC BEHAVIOR

	Time 2	Time 3
MATERNAL		
Positive affect	***	**
Social initiation	**	**
Quality of communicative vocalizations	***	**
Amount of vocalization	***	***
Contingent praise	**	**
Encouragement of verbalizations	**	***
Amount of teaching	***	***
DYADIC		
Mutual enjoyment	*	**
Joint attention/activity	**	*
Reciprocity	**	**

Note: All differences favor the program participants.
* $p < .05$
** $p < .01$
*** $p < .001$

ers took a more active role in verbally communicating with and teaching their children, using praise and developmentally appropriate language for encouragement and positive reinforcement. They took cues from their children's interests and assisted them in pursuing those interests. In this way mothers become more effective collaborators with their children as they learn and construct their knowledge through their everyday experiences.

These findings are all the more important when the lack of change in the level of depressive symptomatology is taken into consideration. It indicates that the program is affecting the way in which the mothers organize their children's environment and interact with them in spite of their depression. Perhaps through program participation, mothers are sensitized to the effect that their moods and behavior have on their children. They become better able to shield their children from the effects of their depressed feelings through the provision of a structured and stimulating environment.

Continuing Education

The program was designed so that mothers could continue with the Avance program for a second year, during which they could continue to develop their own educational and vocational skills. When participants from both the program and control groups were contacted at T3, they were queried regarding their participation in continuing education classes such as English as a Second Language (ESL), Adult Basic Education, GED preparatory classes, and college courses. The results of these interviews indicated that the program was successful in promoting enrollment in these classes. Overall, of the program graduates who were found at T3, 58% of those at Westside and 63% at Southside had enrolled in a continuing education class. Of those who did, 36% attended ESL classes, 43% participated in GED preparatory classes, 3% attended Adult Basic Education classes, and 15% enrolled in college courses. The remaining individuals enrolled in other classes including technical education. Some of the Avance graduates enrolled in courses outside of Avance. Although the vast majority continued with Avance, 13 of the 61 program graduates who had enrolled in continuing education courses attended classes offered at another location after leaving the Avance program. The percentages of control group participants who enrolled in continuing education classes were significantly lower, with 22% at Westside and 33% at Southside. The course distribution for the control group participants was as follows: 14% in ESL; 2% in Adult Basic Literacy; 29% in GED preparatory classes; 9% in college courses; 29% in technical education classes; and the remaining reported that they attended other types of classes.

Continuing with one's education has implications not only for the family's future economic self-sufficiency but also for the child's future development. Educational level has been related to the parent's style of interaction with her children. Working with Mexican American mothers, Laosa (1978) has reported that the amount of formal education that a mother receives has an impact on the teaching strategies she utilizes with her child. Mothers with more years of education used inquiry and praise more frequently and strategies that rely on negative physical control less often.

We hypothesize that the immediate effects on parenting and educational involvement gained through participation in the Avance Parent–Child Program are likely to produce long-term positive influences on children's development. Parents who con-

tinue their education become more attractive to prospective employers, therefore improving the family's chances of becoming economically self-sufficient. In addition parents are likely to become better able to support their children's educational efforts.

Participant Profiles

Program developers often wonder which potential participants can be expected to benefit most from the program and which are the most likely to leave the program before completion. The development of family profiles that are related to the level of participation and program impact would provide staff valuable insight regarding their participants and would allow them to modify their program services and strategies in a variety of ways. Efforts could be focused on the prevention of attrition through early identification of those most likely to drop out and implementation of an intervention strategy designed to encourage continuation with the program. This would allow program staff the opportunity to intervene with those individuals before they disappear. To identify both accurately and efficiently those individuals most likely to drop and those least likely to benefit requires a method of early screening. The problem in screening is finding some middle ground between the use of group characteristics (such as low income) that provide only global generalizations and specific individual characteristics that impede the efficiency of the process.

An approach to bridging the nomothetic–idiographic gap is offered by cluster analyses that can identify relatively homogeneous types of individuals. Wolgin (1992) used cluster analytic methods developed by Breckenridge (in press) to identify discrete subgroups of project participants based on a set of factors. In order to accomplish this, fourteen variables collected at T1 were included in the analysis: acculturation, traditional attitudes regarding education, educational aspirations for the focus child, educational expectations for the focus child, depressed mood, self-esteem, available social support network, utilized social support network, need for social support, significant life events, attitudes about mother's role as a teacher, knowledge of community resources, use of community resources, and parental self-efficacy. An examination of the clusters reveals three coherent subgroups of participants. The clusters were identified from the initial analysis that was performed with participants in Cohort

A. Subsequent analysis with Cohort B data reliably replicated these cluster profiles. The clusters are depicted in Table 3–4. The level of one cluster on a particular variable relative to the other two clusters is signified by the scale of lo, med, and hi. The difference between any two levels of variables (lo and med, lo and hi, or med and hi) is statistically significant.

The three clusters appear to divide the sample along the lines of national origin. Members of clusters 2 and 3 consist largely of individuals born in the United States, while cluster 1 consists primarily of immigrants.

Cluster 1 represents 25% of the sample and consists mainly of first generation families as noted by low acculturation, high traditionalism, small support networks, and limited knowledge and use of community resources. In addition, they report the highest educational aspirations for their children. On the other hand, they have the lowest scores on the measure of how they see themselves as teachers. This group might be termed *traditionalists*.

TABLE 3–4

CLUSTER PROFILES OF PARTICIPANTS

Variables	Cluster 1	Cluster 2	Cluster 3
Acculturation	Lo	Hi	Hi
Traditional attitudes	Hi	Lo	Med
Educational aspirations for child	Hi	Hi	Lo
Educational expectations for child	Hi	Lo	Lo
Depressed mood	Lo	Lo	Hi
Self-esteem	Med	Hi	Lo
Available support network	Lo	Hi	Med
Utilized support network	Lo	Hi	Med
Need for social support	Lo	Hi	Med
Significant life events	Lo	Hi	Med
Attitudes about mother's role as a teacher	Lo	Hi	Med
Knowledge of community resources	Lo	Hi	Med
Usage of community resources	Lo	Hi	Med
Parental self-efficacy	no differences between clusters		

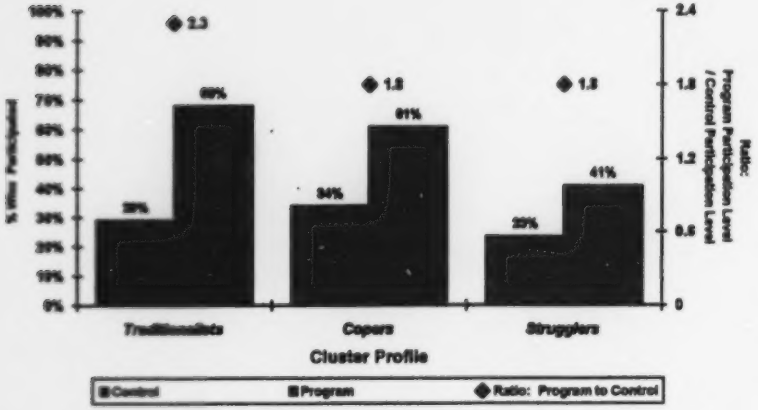
Differences between clusters are statistically significant at $p < .05$
(lo < med < hi; lo < hi)

Cluster 2 is the first of two later generation clusters. This cluster, which includes 36% of the sample, is characterized by high self-esteem and a low level of depressive symptoms, larger support networks, and greater knowledge and use of community resources. Members of this cluster were most likely to understand their roles as teachers of their children. The term that seems to fit this group is *copers*.

Cluster 3 represents 39% of the sample and also consists largely of later generation families. The distinguishing features of this cluster are significantly lower self-esteem and higher depressive symptoms than found in either cluster 1 or 2. The members appear to have fewer psychological resources than either of the other two groups. Although they have larger social support networks than cluster 1, they fall behind cluster 2 in network size. On most other variables, this group falls in between cluster 1 and 2. Members of this cluster appear to be *strugglers*.

These three types of project participants differed in ways that might be expected to have an impact on how they take part in the program and benefit from it. Four analyses were run with the clustered groups of participants. First we analyzed the attrition rates during the first year among program participants in the three clusters. The rate of program attrition did not differ among the three groups. The second analysis examined whether there were differences in the amount of program participation by cluster type for women who graduated from the parent education program. We found no differences. Graduates in the three clusters participated at about the same rate. Next, we looked at differential program outcomes as measured by HOME scores. Again, there were no cluster differences. The program had an effect without regard to cluster type. Finally we investigated whether the cluster profiles predicted participation in continuing education activities during the second year. For each cluster, we found a program effect regarding participation in continuing education classes (see Figure 3–2). This finding is consistent with the program effect reported earlier for the entire sample. However, there was evidence that the Traditionalists took advantage of the opportunity to pursue their education at a higher rate than members of the other clusters. Using the control group participation rate as a baseline for each cluster, the intervention group Traditionalists participated at a rate 2.3 times higher than the control group Traditionalists. For each of the other two clusters, the rate of participation was 1.8 times higher in the program group.

FIGURE 3–2 PARTICIPATION IN CONTINUING EDUCATION COURSES



These results suggest a certain strength of the program. Very different types of participants, as characterized by varying levels of support and resources, benefited from it. It is especially interesting that the Strugglers and Traditionalists were able to overcome substantial obstacles and do well in the program. This suggests that program features designed to make it possible for low-income mothers to participate were actually functioning as intended. We intend to carry the cluster research further, looking at the ability of these clusters to predict other aspects of program participation and impact.

AREAS OF PROGRAM DEVELOPMENT

If one of the criteria of a competent program is that it must continue to adapt to changing participant needs, staff perceptions,

and political climate, then Avance passes with flying colors. Although it was important from an evaluative perspective to maintain a core program that was consistent and true to its model, the scope of Avance's services changed before the evaluation team's eyes. While the core Parent–Child Education Program remained constant, the programmatic world around it continued to evolve. In 1989 the agency applied for and received a grant to implement the Parent–Child Education Program with the literacy component in a school setting as part of the U.S. Department of Education's Even Start initiative. Movement of the center-based program to a school environment allowed the agency to test the feasibility of adapting the program to a new setting. Considered a success by the administrative staff, the school-based program currently operates in eight elementary schools.

That same year, the agency was selected as one of the grantees to participate in the Comprehensive Child Development Program sponsored by the Head Start Bureau. One of the reasons for pursuing this grant was to develop the agency's capacity to provide additional services for families. Service components relating to physical and mental health, prenatal care and education, and job development and placement have been implemented under CCDP's auspices. Moreover, the project has allowed Avance to strengthen its early childhood development component. The home visiting program has become more structured, with an emphasis on assessing the child's developmental level and using the information to develop an individualized service plan for the child.

Avance's services are anything but static. The staff continues to develop new programs and approaches to providing services for the community.

CONCLUSIONS

Avance did well when subjected to the close scrutiny of a four-year evaluation. Key program goals were attained and consumer satisfaction was very high. In this chapter we have summarized some of the evaluation findings and have noted that the program made it possible for mothers to become excellent teachers of their

young children. Some characteristics of a good teacher include providing a safe environment that allows and encourages the child to move, explore, experiment, and play. It is an environment in which the child is encouraged to freely communicate with a receptive partner. Developmentally appropriate materials are supplied which stimulate and challenge the child, provoking his or her curiosity and inviting learning to occur. A parent who is available to the child and able to respond positively to the child's overtures will be able to follow the child's interests and take advantage of teaching opportunities as they present themselves. Program participants understood, accepted, and actively pursued their roles as the first teachers of their children.

The program was also highly successful in helping young mothers further their own educational goals. Many more program than control mothers enrolled in classes to obtain high school equivalency certificates or to acquire college credits. This was especially true of the Traditionalists. They expressed high educational aspirations for their children and appeared to serve as role models with their own educational endeavors. At the time of the evaluation, these activities were in process, and we had no opportunity to see whether they would be followed by higher graduation rates or, even more to the point, whether they would obtain employment that would help them to move their families out of poverty. Avance provided encouragement and the means to begin a self-improvement process that, we hope, will lead to successful employment and income gains in the future.

The evaluation yielded data on the dark side of life in low-income neighborhoods. We found that a surprisingly large proportion of the women were depressed. Parents made it clear that their lives left much to be desired. They felt burdened, isolated, and unappreciated. It is interesting that with its many strengths Avance did not have a measurable impact on depressed feelings. There is no evidence that other parent–child education programs have had an effect either, although research results on this topic are scarce. Based on the information gathered during the evaluation, efforts are underway to strengthen the program's ability to help parents cope with depression.

The evaluation of Avance focused largely on the program's effects on mothers and less on their effects on children. We hope that follow-up assessments can be conducted to investigate whether gains made by the mothers in their parenting and personal development will be sustained and matched by positive outcomes for their children.

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4

NEW CHANCE: COMPREHENSIVE SERVICES FOR DISADVANTAGED YOUNG FAMILIES

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Byron Egeland

The last two decades have witnessed a sharp increase in childbearing among unmarried teens that has increasingly drawn the attention of policymakers and program planners at the national, state, and local levels.[1] Much of their concern stems from the high rate of welfare receipt among this group—some three-quarters of single adolescent mothers receive Aid to Families with Dependent Children (AFDC) within four years after their first child's birth. Furthermore, when these young mothers go on welfare, they are likely to remain on the rolls for long periods and to incur high costs to taxpayers. Analyses of data from the Panel Study of Income Dynamics show that nonwhite women who enrolled on welfare as unmarried mothers and as high school dropouts averaged 10 years on the welfare rolls (Bane & Ellwood, 1983). Because they stay on assistance so long, families begun by teenage mothers account for a high share of welfare caseloads and costs—59% of the women who received

[1] In 1970, 30% of all births to teenagers occurred outside of marriage. By 1989, this proportion had risen to 67% of all teenage births, and to 92% of births to black teenagers (Moore, 1992).

AFDC payments in 1988 were 19 or younger at the birth of their first child (Moore 1990).

Early childbearing among poor women places burdens on these young families as well as on the public. An extensive literature documents that the same characteristics that predict lengthy welfare receipt—poverty and low educational attainment and achievement—also heighten the probability that the children of these young women will grow up in home environments and in neighborhoods that reduce their chances for optimal development (National Research Council, 1987).

Little is currently known about how best to help these families escape long-term poverty. Welfare employment programs and other job training programs of the 1980s typically made little effort to serve this group. The child care needs and spotty educational records of young mothers made them expensive to serve and poor prospects for placement in jobs, the chief performance standard by which such programs were judged.

This situation is now changing as concern about reaching young welfare mothers before they have become entrenched on the public assistance rolls has led to a new emphasis on securing their participation in employment and training programs. Under the provisions of the Job Opportunities and Basic Skills Training (JOBS) Program, created as part of the Family Support Act of 1988, states may require teenage welfare mothers who do not already have a high school diploma or its equivalent to participate in an education program (or in work or training, under limited circumstances), and they can penalize those who fail to participate without good cause by reducing their welfare grants. Owing to budgetary constraints, only a few states have chosen to operate large-scale mandatory programs for teenage parents (which usually necessitate substantial up-front expenditures and are likely to reduce welfare costs only over time), although other states are now mounting more limited efforts.

New Chance is a multisite research and demonstration program designed to improve the life prospects of families headed by young welfare mothers. While most local New Chance programs receive JOBS funding, the intervention was not designed to reach all young mothers on the public assistance rolls, some of whom can be expected to remain in school and do well with far less assistance. Instead, New Chance concentrates resources on young mothers who are high school dropouts and who, left to themselves, would be likely to spend many years on welfare and out of the mainstream of American society.

Under way since 1989, the program offers a wide range of services to address the variety of issues these high-risk households often confront, including: education and employment-related services to enable the mothers to advance toward economic self-sufficiency; health, "life management," and counseling assistance to help them deal with their own developmental issues; and parenting services and child care to foster the healthy development of their children. The ultimate goal is for participants to secure employment in jobs offering fringe benefits and opportunities for advancement and at the same time to cope more successfully with the demands of adulthood and parenthood. Through each young woman's stay in New Chance and as she settles into a job, she has a case manager who monitors her activities, reinforces the program's messages, advocates on her behalf with other agencies, and acts as a sounding board and counselor.

Especially during a participant's first months in the program, most services are delivered at a single location in order to facilitate participation and to better assure service quality. New Chance operates on a voluntary basis, and the program environment is intended to be supportive and intimate. But New Chance is also rigorous, with an all-day schedule and requirements for daily attendance and participation in the full array of program activities. Young women can receive program services for up to 18 months, with up to 12 additional months of follow-up assistance after they have moved into employment or other post-program activities. The multiplicity of services it offers, the attendance requirements it imposes, and its duration all differentiate New Chance from many other programs for high school dropouts, which often have a narrower focus, occupy only a few hours a week, permit participation on a drop-in basis, and last only a few months.

The New Chance program model was developed by the Manpower Demonstration Research Corporation (MDRC), a private, nonprofit organization that designs, manages, and evaluates interventions to help disadvantaged youth and adults. The model is equally grounded in prior research and practitioner wisdom. New Chance evolved in part from MDRC's previous experience in operating demonstrations, especially Project Redirection, which helped low-income school-age mothers and pregnant teens under age 18 complete high school and offered workshops in a variety of areas, and JOBSTART, which provided education and skills training to high school dropouts. (Young mothers comprised a quarter of JOBSTART's enrollees.) In developing the New Chance

model, MDRC staff also reviewed the literature on program interventions in several areas and consulted with academicians, youth policy specialists, state welfare administrators, and other experts in the area of adolescent pregnancy and parenting. Before developing the full-scale national demonstration, MDRC also worked with six sites to pilot-test the program model over some 18 months and ascertain its basic feasibility.

To mount this demonstration, MDRC used a competitive process to select 16 organizations—including community service organizations, adult high schools and a community college, and government agencies—in 10 states across the country to operate the program model. These 16 sites are shown in Table 4–1. With one exception, all the sponsor organizations had previously provided services to young families in at least two of four major program areas—education, employment-related services, health and personal development, and services for participants' children. However, implementing New Chance required considerable augmentation and sometimes transformation of the original programs. Site operations have been financed in large measure by the states (usually using special demonstration funds provided by the state welfare or education agency, by Job Training Partnership Act moneys, or by a combination of these), with corporate and private foundations supplying auxiliary funds. Preliminary estimates suggest that the average cost per New Chance enrollee ranges between $5,500 and $9,500—comparable to the cost of a year of high school, plus child care. MDRC Operations staff members have provided training, monitoring, and technical assistance to the sites during the three-year operational period, which concluded in December 1992.

MDRC is conducting a multifaceted evaluation of New Chance that includes impact, process (implementation), and benefit–cost analyses. The impact analysis will measure the program's effectiveness in increasing maternal educational attainment, employment, and earnings; reducing welfare receipt; postponing subsequent pregnancies; and improving the mothers' psychological well-being and parenting skills along with the development of their children. The principal methodology the impact analysis employs, a controlled experiment, helps to ensure that these effects will be estimated as reliably as possible. As a rule, each site was expected to recruit 150 young women who came forward for New Chance and met the eligibility criteria. Of these, 100 were randomly assigned to the treatment group (whose members were permitted to enroll in New Chance) and 50 to the control group

TABLE 4–1 NEW CHANCE PROGRAM OPERATORS AND LOCATIONS

Del Rey Center Sweetwater Union High School District Chula Vista, California	National Puerto Rican Forum, Inc. Bronx, New York
Youth and Family Center Inglewood, California	Mid-Manhattan Adult Learning Center Office of Adult and Continuing Education New York City Board of Education New York (Harlem), New York
Independence Adult Center Eastside Union High School District San Jose, California	PIVOT-New Chance Program Portland Public Schools Portland, Oregon
Community College of Denver Technical Education Center Denver, Colorado	The YWCA of Salem Salem, Oregon
The Bridge Family Health Services, Inc. Jacksonville, Florida	Expectant and Parenting Youth Program Private Industry Council of Lehigh Valley Allentown, Pennsylvania
Aunt Martha's Youth Service Center, Inc. Chicago Heights, Illinois	Lutheran Settlement House Women's Program Philadelphia, Pennsylvania
The Family Care Center Lexington, Kentucky	Hill House Association Pittsburgh in Partnership with Parents Pittsburgh, Pennsylvania
Development Centers, Inc. Detroit, Michigan	
Multi Resource Centers, Inc. Minneapolis, Minnesota	

(whose members were excluded from New Chance but were free to receive services from other agencies in their communities). Between August 1989 and July 1991, some 2,320 young women entered the research sample. Both treatment and control group members are being followed up through personal interviews at 18 and 42 months after their entry into the research sample; assessments of their children's developmental progress will take place at the 42-month point as well. The differences in outcomes for the two groups will reflect the impacts of the full set of integrated services offered by New Chance vis-à-vis the more limited and fragmented services that these young mothers presumably would receive otherwise.

Impacts on parenting behavior and child development will also be measured through a special Observational Study of Parent–Child Interactions now going forward at seven of the 16 New Chance sites. This study, a collaborative effort involving MDRC researchers and university-based child development scholars, will also use the structured observations of mothers and their children to explore the validity of self-reported survey measures of parenting behavior, to provide rich information about key dimensions of parenting, and to help elucidate the mechanisms underlying the interventions' impacts on children.

This chapter discusses the sites' early experiences in putting New Chance in place.[2] The next section deals with the developmental issues faced by adolescents in general and adolescent parents in particular. This is followed by a description of the New Chance population, focusing on recruitment and on the demographic and other characteristics of the young women who enrolled in the program. The unresolved developmental issues the mothers confronted as well as their socioeconomic characteristics place children in these families at high risk for poor developmental outcomes. Attention then turns to the components and features of the New Chance model and the various pathways by which the program is expected to contribute to successful outcomes for children. The last part of the chapter turns to the experiences of the sites in operating New Chance during the program's initial months and the broader lessons these experiences suggest for the design of interventions for highly disadvantaged families.

IDENTITY FORMATION: THE CHALLENGE OF ADOLESCENT DEVELOPMENT

Adolescence is a time of major change. It is a time for people to explore options and make decisions in important areas of their lives—education, work, friendships, intimate relationships, sexuality, religion, and morality. Peers become very important

[2] See also the project's early implementation report (Quint, Fink, & Rowser, 1991). Findings on the preliminary impacts of New Chance, as well as more complete implementation data, are available in a recent MDRC report (Quint, Polit, Bos, & Cave, 1994).

and at times seem to replace parents as a source of support and guidance. Adolescence creates tremendous disruption in the lives of most young people, and they become self-absorbed in their efforts to cope with the many changes and issues this period presents.

Perhaps the most salient developmental issue of adolescence is identify formation. It is a time for asking "who am I?", for considering life choices, and for integrating life experiences and developing beliefs and values into a coherent view of self (Erikson, 1968, 1980/1956). During this period, young people begin to make choices that further define them as individuals. Although becoming more autonomous and establishing one's identity are both lifelong processes, they are particularly intense during adolescence. And they are chaotic and difficult processes that involve many conflicts, particularly between the security of being cared for and the need to be independent and autonomous.

Musick (1992) argues that one reason teenage girls become mothers is to resolve adolescent identity issues. Having a baby usually makes the young woman more autonomous, gives her an identity, and defines her as a person. Especially for young women growing up in disadvantaged neighborhoods, whose choices regarding education, work, and relationships often appear limited, becoming a mother may seem to offer an attractive resolution of the identity crisis. As Musick notes, "motherhood promises a path to personhood, a path to her own place in the world. Having a baby means the adolescent no longer need wonder who she is: she knows—she is a mother" (p. 68).

For the adolescent, having a baby may reduce some of the conflicts and difficulties associated with identity formation, but it does so at considerable cost. Having a baby can greatly limit the adolescent's exploration of options in most of the other areas of her life. In terms of identity status, as described by Grotevant (1986) and others, the adolescent mother is likely to have achieved "identity foreclosure." The adolescent with a foreclosed status is committed to a goal without considering alternatives. Such individuals are characterized as rigid, and they have great difficulty in situations demanding flexibility—characteristics that may interfere with the teen's ability to parent and provide adequate care for a young child. The lack of interest on the part of some young mothers in exploring other options or making other choices can also impede intervention efforts.

Due to their past developmental history, environmental context, and life circumstances, many adolescents are not able to

cope and adapt to the many and major changes adolescence entails. Two areas of development where this is particularly true are sexuality and forming relationships with members of the opposite sex. In the most supportive environment, coping with the major physical and psychological changes that occur with emerging sexuality can be confusing (if not frightening). Making choices about whom to date and coming to understand what is involved in forming and maintaining a satisfying, close relationship are also significant challenges.

If sustaining supportive, intimate relationships poses difficulties for all adolescents, this is particularly true for many teens growing up in poverty who were themselves raised by teenage mothers. Often these young people lack adequate nurturance and emotional support, which constitute the foundation for social competence and for expectations of relationships as supportive and satisfying. Those who grow up in single-parent households (or in troubled two-parent families) may lack adequate role models of good relationships. Children growing up in households where there are multiple partners face special problems: Pianta, Egeland, and Hyatt (1986) found that children in a high-risk sample whose mothers had multiple partners were functioning poorly socially and emotionally compared to high-risk children whose mothers were either single or in a stable relationship. Many children in this situation were exposed to sexual activity at an early age, and many have been victimized by the mother's boyfriend or other men in their lives. In a survey of teenage girls living in inner-city Chicago, Musick (1992) reported that 65% of these young women had been sexually abused. The experience of abuse is likely to result in a view of self as a helpless victim and a view of others as untrustworthy, unsupportive, and emotionally unavailable. It also leads young parents to see themselves as unable to have a positive impact on the child's life.

As noted above, the literature on the factors placing the children of teenage parents at risk has focused on such environmental factors as poverty, lack of education and jobs, and being a single parent. Unresolved or unsatisfactorily resolved issues associated with identity—foreclosed identity formation, poor relationship choices, and a view of self as ineffectual—should also be added to this list. An additional risk factor is the natural and predictable self-absorption of adolescence, which is the antithesis of what is needed to parent a young child.

All this suggests that intervention programs, if they are to be effective, must take into account the developmental issues of

adolescence and attempt to facilitate their resolution. A later section describes the way in which the New Chance model, with its mix of human capital and personal development services, as well as services to enhance the development of participants' children and case management, attempts to do just that.

THE NEW CHANCE POPULATION: ELIGIBILITY, RECRUITMENT, AND CHARACTERISTICS

Eligibility Criteria

The eligibility criteria MDRC established for New Chance reflect the program's goal of reaching a highly disadvantaged group of young mothers. Applicants had to be between the ages of 16 and 22 and to have been 19 year old or younger when their first child was born. Seventy-five percent of each site's applicants also had to have dropped out of high school and to be receiving AFDC, either as the head of a household or as a member of a household in which someone else was the principal recipient. Those applicants who were high school graduates had to need educational remediation, and those not on AFDC had to be economically disadvantaged.[3] So that young women could take full advantage of program services and make the transition to employment, they could not be pregnant at the time of enrollment (although proof of this was not required, and a few pregnant enrollees were admitted to the sample).

Recruitment

The Challenge and the Message. Recruiting participants required ongoing effort. Almost all sites faced the challenge of marketing a new, voluntary program whose reputation was not yet established in the community. Many sites had little prior experience publicizing their services or recruiting to meet spe-

[3] In fact, seven of the 16 sites served only AFDC recipients, either under the terms of their agreement with the state welfare agency, which partially funded program operations, or because they relied on the state JOBS program to pay the costs of such support services as child care.

cific goals or timetables. And site staff had to convince a group of young women whose motivation was often shaky and who had other options for spending their time (they could, for example, stay home and care for their children, or go out with friends and boyfriends) that New Chance was worth the considerable commitment the program called for.

The initial messages that staff members conveyed to prospective enrollees were quite similar across all sites. The first was that New Chance would provide an opportunity that would enable participants to become employed, get off welfare, and gain control of their lives. In particular, staff told the young women that New Chance would help them pass the high school equivalency (General Education Development, or GED) test, get training, and learn about parenting and health, while providing free child care. A second message was that staff members were there to help and support the young women. While staff members told potential recruits that daily attendance was expected, at the outset they tended to play down the program rules, reasoning that too heavy an emphasis on rules and regulations would drive away prospective applicants. Over time, attendance problems led staff to rethink this position and to stress early on that New Chance was only for those committed to regular attendance.

To learn what factors induced the young women to join the program, MDRC staff conducted interviews with a sample of New Chance participants as well as with program personnel. The responses of both groups were highly consistent and indicate that the young women responded most strongly to three main elements of the recruitment message: the opportunity to get a GED, the availability of on-site child care, and the desire to better their own lives. Indeed, for many enrollees, getting a GED appeared to be a more important short-term goal than getting a job. The appeal of the GED may be largely symbolic; the certificate signifies that the young woman has left behind the stigma and failure associated with being a high school dropout.

Recruitment Techniques. Working with local welfare agencies to recruit participants was an obvious and logical choice for the New Chance sites, and welfare agency staff assisted with mass mailings of program flyers, referred individual clients to the program, and scheduled sessions at which New Chance representatives described the program and its benefits to prospective enrollees. Few sites could rely solely on the welfare agency for referrals, however. For one thing, automated welfare records

often did not identify a teenage parent in a three-generational household. Moreover, because welfare personnel were not directly involved in running the program, their efforts to assist New Chance recruitment were limited by their other responsibilities, as well as by turnover among welfare staff.

Sites developed a number of other approaches to recruitment. These included publicizing New Chance through various community agencies and through the media, holding an open house for prospective enrollees, recruiting door-to-door, and using the testimonials of current participants to attract other young women to the program.

Enrollee Characteristics

Despite the provision allowing sites to enroll some young women (up to 25% of all sample members) who were high school graduates or did not receive AFDC, the vast majority of applicants met all the major eligibility criteria. Data collected upon entry into the research sample point to considerable variation by site and by sample members' age and ethnicity. Generally, however, they indicate the prevalence of a number of characteristics associated with poor economic prospects for the mothers and poor developmental outcomes for their children. (See Table 4–2.)

- *Poverty and welfare receipt.* Ninety-four percent of new sample entrants were receiving AFDC, nearly all as heads of their own cases.
- *Low educational attainment.* Similarly, 94% of the sample had neither a high school diploma nor a GED upon entry; on average, young women had been out of school for 2.4 years at the time they enrolled. While on average sample members had completed 9.8 years of schooling, about 14% had left school before finishing the ninth grade, and about one-third of the group completed the eleventh grade or higher. Forty-one percent had to repeat a grade. Early motherhood was not necessarily the cause of educational disruption: 38% of all sample members dropped out of school *before* becoming pregnant.
- *Relatively low literacy.* Reading levels tended to be lower than grade-level attainment; the average sample member read at the 8.4 grade level. There was a good deal of variation in reading ability: 32% of the enrollees read at the sixth-grade level or

TABLE 4–2

SELECTED CHARACTERISTICS OF THE NEW CHANCE SAMPLE AT ENROLLMENT IN THE DEMONSTRATION

Age in years (%)	
16–17	19.4
18	21.9
19	25.6
20	20.0
21+	13.0
Ethnicity (%)	
White, non-Hispanic	22.9
Black, non-Hispanic	52.2
Hispanic	22.3
Other	2.5
Marital status (%)	
Never married	90.1
Married, spouse present	2.9
Married, spouse absent	5.5
Widowed	.1
Divorced	1.5
Number of children (%)	
1	65.0
2	26.8
3	6.9
4 or more	1.3
Age of youngest child in years (%)	
Under 1	54.3
1	27.1
2	11.7
3 or older	7.8
Enrollee living with (%)	
Mother	33.5
Father	7.9
Stepparent	4.4
Spouse or partner	11.5
Other adult	33.8
No other adult	31.8
Received high school diploma or GED (%)	5.9

(continued)

TABLE 4-2 (CONTINUED)

Highest grade completed (%)	
7th or below	3.1
8th	10.6
9th	22.9
10th	30.6
11th	27.4
12th	5.4
Average highest grade completed	9.8
Reading grade level (%)	
4th or below	13.2
5th	8.0
6th	10.7
7th	12.5
8th	16.0
9th	11.3
10th or above	28.3
Average reading grade level	8.4
Enrollee receives AFDC (%)	
Receiving own grant	87.2
On another's grant	7.2
Not on AFDC	5.6
Family on AFDC when enrollee was young (%)	
Never	36.6
Two years of less[a]	18.4
More than two years[a]	28.3
Always	16.7
CES-D depression score (%)[b]	
0–15	46.5
16–23	25.7
24–60	27.8
Average CES-D depression score[b]	18.1
Sample size	2320

Notes: Sample includes 2,320 young women who were randomly assigned to the New Chance research sample from August 1989 through July 1991.
Distributions may not total 100.0 percent because of rounding.

[a] The family's AFDC receipt may not have been continuous.

[b] Scores on the CES-D scale can range from zero to 60. Scores of 16 or over are generally considered to place the respondent at risk for a clinical diagnosis of depression, and scores of 24 or over are considered indicative of high risk for such a diagnosis.

Source: MDRC calculations from New Chance MIS data.

lower, while a somewhat lower proportion (28%) read at the tenth-grade level or higher.

- *Household size.* Despite their young age (two-thirds were under 20 at sample entry), one-third of the sample members already had at least two children, and 8% had three or more. Polit (1991) found that having more children in the household was associated with lower scores on the HOME scale (a measure of the home environment as it relates to child development) among AFDC families included in the National Longitudinal Survey of Youth-Child Supplement.
- *Household composition.* Just over a third (34%) of the New Chance sample members were living with their own mothers upon sample entry. Evidence on the effects of coresidence with the grandmother on the teenage mother's parenting is mixed, with earlier studies (Furstenberg, 1976) pointing to positive effects on the development of black preschoolers and more recent preliminary analyses suggesting that these effects may be negative (Brooks-Gunn & Chase-Lansdale, 1991).
- *Subjective state.* A widely used and respected measure of depression, the Center for Epidemiological Studies Depression Scale (CES-D), was administered to New Chance applicants. Over half registered scores of 16 or higher, indicative of depression, and over one-quarter had scores of 25 or higher, indicating that they were highly depressed. Depression has been shown to be an important factor constraining the mother's capacity for consistent, attentive, and loving interaction with her child (Zaslow, Moore, & Zill, 1992).

While the statistics collected at baseline are informative, they do not capture the full range of issues these young women confront. Such issues emerge only after staff members have gotten to know participants, to develop a rapport with them, and to gain their trust. As staff members describe participants, one of the most common themes is that many young mothers lack self-confidence with regard to their ability to succeed in school, in the work world, and in the larger society in general. This lack of confidence, staff members report, is manifested in self-deprecating comments, fear of tests, and a reluctance to try (and possibly fail at) new things. Interestingly, these problems may not be detected upon program entry using certain standard assessments of psychological status. (On a brief version of the Rotter Locus of Control Scale, used to measure sense of internal versus external

control, and on the Rosenberg Self-Esteem Scale, which measures global sense of self-worth, members of the New Chance sample did not exhibit particularly low scores.)

Interviews with staff pointed to a number of serious problems shared by participants at several sites, and a special study was undertaken to learn about the prevalence of these issues. The results appear in Table 4–3. Staff were asked to report only on participants they knew fairly well, a task complicated both by staff turnover and by high absenteeism and rapid attrition on the part of some young women. Staff were also asked to record only those problems for whose existence they had some evidence, not ones they suspected but could not substantiate. For both reasons, the results of the study are very likely to understate the true extent of these problems.

Many young women have mothers and boyfriends who encourage them and support their efforts to make positive changes in their lives. Staff reported, however, that 9% of the enrollees had mothers who discouraged their participation in New Chance and 15% had partners who were equally unenthusiastic.[4] Their negativity stems from many sources: envy of the young women's opportunities and accomplishments, resentment of their ambitions, fear that they will become too independent. And it takes many forms: opposition to the program's goals or messages, denigrating comments about the participants' ability to succeed at this (or anything else), insistence that they stay home and take care of other matters, and withdrawal of offers to help out.

Across all sites, 12% of the enrollees used alcohol to such a degree that it interfered with their participation in the program (causing absenteeism, lateness, or visible intoxication), and use of illegal drugs by 15% of the young women created similar problems. In 17% of all cases, it was participants' family members and partners, rather than the participants themselves, whose substance abuse impeded their New Chance participation.

Domestic violence has been another serious problem in participants' relationships with their partners and others. According

[4] The statistics reported here are simple frequencies for each type of problem inventoried. In subsequent analyses, it may be possible to examine the extent to which various problems cluster together. It should be noted, however, that because of concerns about confidentiality, site staff were not asked the names of participants experiencing particular problems. Consequently, it will be possible to develop quantitative estimates of the relationship between the prevalence of these problems and measures of participation and outcomes at the site level, but not at the individual level.

TABLE 4–3

PREVALENCE OF SEVERE PROBLEMS AMONG NEW CHANCE ENROLLEES

Problem	Percentage of Enrollees for Whom Problem Was Reported	Percentage of Enrollees with Problem at the Site Reporting the Lowest Rate of Occurrence	Percentage of Enrollees with Problem at the Site Reporting the Highest Rate of Occurrence
Discouragement of program participation by mother or other close relative	9%	0%	45%
Discouragement of program participation by partner	15	0	29
Participant's use of alcohol[a]	12	0	36
Participant's use of illegal drugs[a]	15	2	52
Use of either alcohol or illegal drugs by mother, other close relative, or partner[a]	17	0	47
Housing[a]	48	11	91
Current physical abuse by partner	16	3	38
Current physical abuse by person other than partner	6	0	27
Physical abuse as a child	12	0	42
Sexual abuse as a child	10	0	41
No problem reported	26	0	65

Notes: The sample includes 617 young women about whom site staff had enough information to respond to the survey. These young women enrolled in New Chance from August 1989 through September 1990.

[a] For this special survey, staff were instructed to report the problem only if it interfered with program participation.

Source: Special survey of New Chance program staff.

to the survey, 16% of enrollees across all sites told program staff that they had been battered by their current boyfriends, or they came to the program with a black eye or other visible signs of abuse; 6% reported current abuse by someone other than their partner. For some participants, current abuse may be a continuation of abuse experienced in the past. The survey results indicate

that as children one in eight enrollees had been violently and repeatedly hit, beaten, or otherwise physically harmed, and one in ten had been sexually abused.

Enrollees have often been on the brink of homelessness. Staff at a number of sites report that many participants and their children have tension-fraught relationships with other household members—mothers, boyfriends, grandmothers, other relatives, and friends—and live an argument away from eviction. (Of course, those young women who have stable and positive relationships with significant others may benefit in a number of ways from living with them.) According to the survey, nearly half the enrollees faced a housing problem that interfered with their ability to attend the program: they had to find a new place to live because they were evicted by the landlord, or kicked our or asked to leave by the primary tenant; they lacked a permanent residence and had to move from one place to another; or they were living in a shelter for the homeless. At a third of the sites, more than 60% of the young women had a housing problem of this kind, and as the last column of Table 4–3 shows, at one site 91% of the participants confronted housing-related difficulties.

Strikingly, almost three-quarters had experienced at least one of these unquestionably serious situations. Table 4–3 makes clear that the incidence of these problems varied considerably from site to site, however, with participants at some locations facing fewer problems than those at others.

The data presented above indicate that the personal problems faced by the large majority of New Chance clients make them an indisputably hard-to-serve group. While it is true that sample members, as volunteers, displayed some degree of motivation in coming forward for the program, the data on participation that follow point to the fact that motivation is not a constant. The initial motivation that brought young women to the door of New Chance was likely to fluctuate over time.[5]

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[5] New Chance serves only a portion of all eligible young women in most communities. No information is available on the reasons that others did not apply to New Chance, but several possibilities come to mind: some may have been unmotivated to seek program services, especially from a program as demanding as New Chance; others may have been too depressed or otherwise troubled to make use of them; others may have already been receiving some of the same services New Chance offers; and still others may have reasoned that they did not need these services.

NEW CHANCE SERVICES: THEIR NATURE AND RATIONALE

Program Structure and Components

New Chance unfolds in phases. During the first phase, which varies with each enrollee but is typically several months long, enrollees' efforts are directed toward acquiring a GED certificate. Participants usually spend their mornings in GED preparation classes; in the afternoons, they attend classes and workshops on a variety of topics. Table 4–4 is a hypothetical monthly schedule that shows how various components might be arranged during this period. Most of the program consists of classes, but occasional field trips or celebrations, such as holiday parties or award ceremonies, are also in the plan.

Phase II usually begins after the young woman has passed the GED test. At this point, the program model calls for her to move into her choice of one or more often off-site activities—occupational skills training in an area compatible with her interests and aptitudes, a "work internship" (short-term work experience) in an occupational area in which she has expressed interest, or further education.

At the outset of the demonstration, MDRC established a series of prescriptive guidelines setting forth the kinds and amounts of services that all sites were expected to provide. These guidelines, key features of which are summarized in Table 4–5, have helped foster uniformity and consistency of the program treatment across the 16 program locations. Table 4–5 indicates that New Chance services and activities can be grouped into four general categories: services to build human capital (that is, the knowledge and skills needed for employment), services to enhance the mother's personal development, services to enhance the development of participants' children, and case management.

Human Capital Development Services. In today's economy, a high school diploma or its equivalent is considered essential for getting jobs paying wages high enough to support a family.[6] MDRC planners considered that re-enrollment in high school

[6] Recent work by Cameron and Heckman (1990) raises important questions about the economic value of a GED, indicating that at ages 25 and 28, exam-certified persons are indistinguishable from high school dropouts who are not certified in terms of wages. The sample on which these conclusions are based is limited to young men, however, and the relevance of these findings for young women is uncertain.

TABLE 4–4

PREVALENCE OF SEVERE PROBLEMS AMONG NEW CHANCE ENROLLEES

	Monday	Tuesday	Wednesday	Thursday	Friday
Week One					
9:00–12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Computer-assisted instruction
12:00–1:00	LUNCH				
1:00–3:00	LSO	Parenting Education	Employ-ability Development	Health	Parenting Education
Week Two					
9:00–12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Field trip
12:00–1:00	LUNCH				
1:00–3:00	LSO	Parenting Education	Employ-ability Development	Health	Field trip
Week Three					
9:00–12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Adult Survival Skills
12:00–1:00	LUNCH				
1:00–3:00	LSO	Parenting Education	Employ-ability Development	Health	Parenting Education
Week Four					
9:00–12:00	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Education (ABE/GED)	Computer-assisted instruction
12:00–1:00	LUNCH				
1:00–3:00	LSO	Parenting Education	Employ-ability Development	Family Planning	Group Counseling

was unreasonable for most New Chance enrollees, since they would be far behind their age peers and would have many credits to make up; GED instruction was preferred as a much faster route to obtaining the needed credential.

TABLE 4-5 NEW CHANCE COMPONENTS

Category and Component	Minimum Frequency/Duration Specified in Guidelines	Other Key Features
Human Capital Development Services		
Education	12–15 hours/week	Includes Adult Basic Education, preparation for the GED test. Emphasizes individualized, competency-based, self-paced instruction, along with some group activities; encourages computer-assisted instruction; calls for integration with other components.
Employability/ Career Awareness	48 hours total	Classes cover different occupations and their entry requirements, techniques for getting a job, on-the-job behavior. Participants must receive vocational assessment, must be exposed to nontraditional occupations, must attain employability competencies before entry into work internship/ skills training.
Occupational Skills Training*	At least 3 but not more than 12 months long	Should begin by sixth month after enrollment; training must be for jobs that are available in local labor market, preferably pay higher than minimum wage, offer benefits.
Work Internships*	Ideally, 3 months part-time, or full-time equivalent of 6 weeks	Should begin by sixth month after enrollment; participants may have more than one work internship experience.
Job Placement	—	
Personal Development Services		
Health Education and Services	6 hours/month, 36 hours total	Health professionals must present information. Topics to be covered include: nutrition, stress management, physical and emotional abuse, addictive substances and their effects, lead poisoning symptoms, childhood immunizations, symptoms of depression and anxiety, sexually transmitted diseases.

(continued)

TABLE 4–5 (CONTINUED)

Category and Component	Minimum Frequency/Duration Specified in Guidelines	Other Key Features
Family Planning	2 classes during orientation; 1 group session/ month; monthly discussion in individual counseling session	Instruction should be by trained staff.
Life Skills	1 1/2 hours/week, 18 sessions total, of *LSO* classes; 3 hours/month of other life skills (may be integrated with other components)	*LSO* builds decision-making, communication skills in context of four areas: sexuality, relationships, parenting, and world of work. Other life skills classes cover topics of practical utility, e.g., budgeting, banking, taxes, credit, reading maps and schedules, getting information and personal records, child support, voter registration, tenants' rights, antidiscrimination laws.
Services to Enhance Child Development		
Pediatric Health Services	As needed	Program staff facilitate linkages with specific hospitals or clinics for pediatric care; some sites operate on-site clinics.
Parenting Education	2–4 hours/week during first 5 months; parent-child interaction sessions at least once a month	Parenting instructor should have some knowledge of child development, receive appropriate training.
Child Care	—	On-site, developmental care strongly encouraged but not required. Sites broker and otherwise help participants arrange and monitor off-site care. Child care is free to participants.

(continued)

TABLE 4–5 (CONTINUED)

Category and Component	Minimum Frequency/Duration Specified in Guidelines	Other Key Features
Counseling and Case Management	Individual meetings every two weeks	An individual plan is developed for each new enrollee within first two weeks, periodically revised and updated thereafter. Maximum caseload is 25 (excluding young women in follow-up phase).

*Not required for all participants.

In general, employability development and career awareness workshops are scheduled during Phase I, while skills training and work experience are post-GED activities. Two sites offer concurrent skills training and education classes. However, a sequential arrangement helps ensure that enrollees' entry into skills training or a work experience position will be based on accurate information and a sense of what suits their interests and abilities; for this reason, the program guidelines specify that young women must demonstrate certain employment-related competencies before they can enter these components. Sequential scheduling also makes it easier for sites to fit in all the activities called for by the program model. Finally, it acknowledges the fact that throughout the country, many skills training programs will admit only applicants who already have a diploma or GED in hand.

Occupational skills training is intended to help New Chance participants compete in the labor market by imparting specific skills that are needed in occupations offering the potential for self-support. Many participants have pursued training in the clerical, medical, and paralegal fields. Work internships are intended to build human capital in a different way: by providing actual work experience (paid or unpaid) and the opportunity to learn or reinforce general employment and specific occupational skills on the job, as well as to gain work references that may assist in obtaining a permanent position. Furthermore, work internships can be used to help enrollees clarify career goals and better understand the nature of the jobs in which they have

expressed interest. Sites have developed internships in such diverse settings as law offices, hospitals, and department stores. Job placement is generally the joint responsibility of New Chance staff and the occupational skills training provider.

Personal Development Services. Classes and workshops in the components that fall under this rubric aim to convey information, build motivation, and supply opportunities for problem-solving and practice in applying the information provided.

The health education and services component seeks to help participants identify and adopt good health habits, reduce risk-taking behaviors, and increase their access to and use of preventive care for themselves and their children. Guidelines for this component specify that activities must cover a range of topics, such as nutritional needs and appropriate dietary practices, child immunization schedules, emergency first aid, stress management, and the dangers and symptoms of lead poisoning and of AIDS and other sexually transmitted diseases. Program staff are also directed to monitor participants' receipt of and satisfaction with health services for themselves and their children. Given the prevalence of repeat pregnancies and births among participants in previous demonstration programs for young mothers (in Project Redirection, for example, Quint & Riccio, 1985, report that 45% of the treatment group reported having a subsequent pregnancy within 24 months after program entry), and the potential of these events to disrupt participants' efforts to complete school or training or to maintain continuous employment, the guidelines sought to ensure that sites would give adequate time and attention to family planning education, counseling, and clinical services.

The life skills component encompasses group sessions centering on the Life Skills and Opportunities (LSO) curriculum, which was especially developed for the New Chance Demonstration and is designed to foster skills in decision-making, effective communication, problem-solving, contingency planning, and working in groups.[7] Other life skills activities teach participants a variety of practical skills that include budgeting, time management, and individual and civil rights.

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[7] The curriculum was modified from a *Life Skills and Opportunities* curriculum designed for the Summer Training and Education Program (STEP) Demonstration operated by Public/Private Ventures. STEP was aimed at 14- and 15-year-old at-risk boys and girls.

Services to Enhance the Development of Participants' Children. New Chance includes components aimed directly at the healthy development and well-being of participants' children: child health services (which are arranged and monitored by New Chance staff if necessary),[8] parenting, and child care.

Powell (1988) discusses the general trend among practitioners and theorists away from parenting *education*, in which the leader conveys knowledge and expertise to students, toward parenting *support*, in which the leader acts as facilitator, encouraging participants to share experiences, offer each other emotional support, and define the contents of sessions according to their own needs. The New Chance parenting component bridges these two approaches, emphasizing active engagement by participants but also seeking to ensure that the young mothers possess a specific body of knowledge. The guidelines require that the component cover such content areas as: the physical, mental, and emotional stages of child development; appropriate forms of stimulation for each developmental stage; the setting and reinforcement of reasonable behavioral limits for children of different ages; and methods of building the child's sense of trust and self-esteem. At least once a month, sites are also required to schedule interactive sessions in which both mothers and children are present, so that staff can model appropriate behavior, observe mother–child interactions, and provide feedback.

Free child care, for which all participants are eligible, is a key component of the New Chance model for two reasons. First, a basic assumption is that free, reliable, convenient child care is a crucial support for the young mothers, facilitating their movement through the program. Second, child care represents the program's most direct opportunity to affect the development of the participants' children. The child care guidelines state that "every New Chance program is encouraged to operate a child care facility at the program site"; in fact, 12 sites provide on-site care, although two of these facilities offer temporary or drop-in services only. If an on-site facility is not available, or if participants prefer to make other arrangements (as is sometimes the case when young women move into training or other off-site

[8] The majority of sample members already had some kind of medical care for their children when they applied for the program. Eighty-five percent reported that their children had received medical care in the 60 days prior to random assignment, a figure considerably higher than the proportion who reported receiving medical care for themselves during this period (59%).

activities), the program is expected to see to it that every participant has a child care arrangement compatible with full-time program participation. The guidelines also describe and emphasize the value and importance of high-quality, developmentally oriented care.

Case Management. Case managers perform a variety of functions and work intensively with young women throughout their stay in the program and after they become employed. Program guidelines call for caseloads of no more than 25 clients, and no more than 15 if case managers have other responsibilities. Although increasing enrollment has meant that caseloads have often risen into the forties or even higher, New Chance caseloads have remained well below those commonly reported by public agencies operating welfare-to-work programs.

While sites are required to deliver all services, human capital development services that prepare the young women for employment—education, employability development and career awareness workshops, occupational skills training, work internships, and job placement—constitute the *raison d'etre* of New Chance. (In early planning documents, these services were referred to as "core components," while other services were referred to as "ancillary" or "support" services.) Over time, MDRC staff have increasingly come to appreciate the importance of services to improve child outcomes, as well as of other services not directly related to increasing human capital. But the principal objective of New Chance remains, as at its inception, to help young women enhance their educational and occupational credentials and skills so that they can get better than dead-end jobs.

Major Themes

From the beginning, "demanding," "intensive," "comprehensive," "integrated," and "individualized" have been key terms MDRC has used to describe the New Chance program model.

"Demanding and Intensive." New Chance was conceived of as a voluntary program. Nevertheless, from the outset it has been animated by the same philosophy of mutual obligation that guides the JOBS program, the idea being that if much was to be

provided to New Chance enrollees, much should be asked of them in return. This translated into an expectation of daily attendance at all classes and rapid follow-up on absenteeism by case managers. One purpose of the nearly full-time schedule of New Chance was to help participants prepare for the routine of regular full-time employment. The intensity of the New Chance treatment results, too, from the fact that a 20- to 30-hour-a-week commitment was deemed necessary to allow all the program components to be delivered and their effects registered within the overall timeframe of the demonstration.

"Comprehensive." Young mothers and their children are a highly vulnerable group and present multiple needs. Previous interventions for young mothers tended to focus on participants' educational needs, parenting skills, and psychological well-being. New Chance goes beyond these initiatives in its concern with increasing participants' economic self-sufficiency. It incorporates the general approach of the earlier programs, but includes components that prepare participants for jobs—occupational skills training, work experience, and job placement are critical components of the program model.

"Integrated." While the services prescribed in the model are distinct, they are also intended to be integrated—that is, to reinforce and complement each other, so that a consistent set of program messages is interwoven through all activities. For example, in parenting sessions, participants might be asked to think about what having another child would mean for their ability to devote attention to the children they already have, and this strengthens the family planning message. Or, as a writing exercise in GED classes, students might be asked to write a letter to their child describing their feelings when the child was born and relating their hopes for the child and themselves. Integration requires that all instructors understand the program's multiple objectives; a high degree of staff communication and coordination is also helpful.

"Individualized." Individualization in New Chance may be thought of as having affective and structural dimensions, which reinforce and complement each other. From an affective standpoint, New Chance is a place where each participant can feel that she counts and where the small size of the program and considerable interaction with staff and peers militate against the feelings

of anonymity and anomie that have often characterized the young women's high school experiences. From a structural point of view, individualization means tailoring program components to each participant's needs. It is especially important for four aspects of the program model: initial assessment, case management and counseling, entry into Phase II activities, and education.

Program guidelines stipulate that within two weeks after a young woman enters the program, staff must conduct a comprehensive assessment of her situation. This assessment includes the young woman's employment interests and aptitudes, the health status and health care needs of the participant and her children, her child care needs and preferences, and her family planning and other social service needs. Information gathered in this way is used to develop an Individualized Service Plan that sets a schedule and goals for each activity and that is periodically reviewed and revised as participants progress through the system.

Assessment is generally the responsibility of the case manager, and this process sets the stage for a continuing relationship. Usually, the case manager is the staff member to whom the young woman feels closest and with whom she talks about the problems she is experiencing. The case manager's knowledge and perceptions of individual participants are shared with other staff members in periodic case conferences, where staff members meet to compare notes on each young woman's participation and progress.

In discussions with her case manager and other program staff, the participant clarifies her ideas about what she would like to do after receiving her GED certificate. Some young women are intent on college, and several sites encourage young women with the requisite academic ability and motivation to follow this course, reasoning that a college diploma will pay off in increased lifetime earnings. For most participants, entry into skills training or a work experience position is the preferred path. Here, the challenge is to match the participants' interests and skills with a training program that will prepare her for entry into an occupation that is in demand and in which there is potential for career growth.

Of the Phase I classes and workshops, education is the most individualized. MDRC was influenced by the school of thought favoring individualized, self-paced instruction as the educational approach that best allows participants to progress at their

maximum speed. Individualization at most sites has meant that students spend the majority of their GED class time working on their own, using workbooks or texts at the appropriate levels (and at some sites computer work to supplement paper-and-pencil exercises), and with instructors spending most of their time answering questions and explaining new concepts to students on a one-to-one basis. Group work has tended to focus on discussions of current events and other matters of concern.

Except for education, however, Phase I activities are not self-paced, and participants cannot bypass these components even if they have had previous instruction in the topics covered. The guiding assumption is that all participants can benefit from all classes and workshops that are offered, and the young women are expected to attend these activities. (Moreover, a standardized approach makes it easier to specify the treatment for evaluation purposes.) The only elective activities are recreational ones, such as parties and field trips, which tend to be well-attended in any event.

Paths of Effects on Children

As the preceding discussion makes clear, the New Chance model incorporates, at least in part, several of the elements that characterize two-generational interventions aimed at improving outcomes for parents and their children.[9] New Chance may produce positive impacts on the children of program recipients, both immediately and in the long term, by altering two environments in which these children are growing up: the home environment and the setting in which the child spends time when the mother is in school, in training, or at work.

The services New Chance offers to improve participants' human capital directly address the problems of low maternal education and family poverty, which, as noted in Chapter 1, are among the most powerful predictors of poor outcomes for children. Parenting is the component that most directly seeks to

[9] Smith, Blank, & Collins (1982) set forth six basic elements of such interventions: (a) assessment of child and family needs, (b) high-quality child care and early childhood education, (c) services that strengthen parenting, (d) preventive health services for children and parents, (e) self-sufficiency services leading to employment that permits families to escape poverty, and (f) case management.

increase knowledge about child development and to change parenting behavior, but other components may also have positive effects on parenting practices. For example, an explicit premise underlying the program model is that the young mothers' own developmental and other needs must be met in order for them to adequately parent their children; counseling and life skills classes are designed to help young women develop the self-awareness, confidence, sensitivity, and communication skills that good parenting requires. And the young women's accomplishments in the program and after they graduate are expected to boost their self-esteem, increase their feelings of control over their lives, and decrease the incidence of depression.

These positive changes in the mothers, while not affecting participants' children directly, may be seen as *mediating* positive effects on the children. Indeed, because these changes in maternal status are posited to be enduring, over time they are likely to be the strongest source of improved child outcomes.

It is also possible that New Chance will have a direct effect on participants' children, as well as an indirect effect mediated through the mothers. This would happen if the child care these children receive when their mothers are in the program is of higher quality (that is, designed to foster socioemotional and cognitive growth) than the care they would otherwise receive. Furthermore, if New Chance teaches participants how to identify high-quality child care facilities, they may be able to locate better post-program child care than the care used by controls.

The preceding discussion suggests that there are many possible paths by which New Chance can improve outcomes for children. In fact, it is quite possible that no single path of influence will be sufficient to improve parenting behavior and child outcomes. If New Chance proves effective, it may be because the program offers multiple routes to achieving the same goal.

Implementation Challenges

To test the effectiveness of the New Chance model in producing the desired results, several conditions must be met. First, the model must be put in place. Second, services must be of sufficiently high quality. And third, participants must have the opportunity to receive an adequate dose of program services. (If

they fail to receive such services, this may be indicative of the program's inability to hold participants because the services fail to capture their interest or meet their needs.) Similarly, if children are to benefit from program-sponsored child care, that care must be developmentally oriented—or at least superior to the care they would otherwise receive—and children must receive that care long enough for its effects to be felt. This section examines issues and findings concerning the challenges of fulfilling these conditions in implementing New Chance.[10]

New Chance Services: Their Implementation and Quality

A key finding concerning early program implementation is that despite the complexity of the program model and the many services it calls for, all sites were able to put all the early services in place, and, with only a few exceptions, to offer them with the frequency prescribed by the program guidelines. This consistency was achieved despite considerable initial differences in the types of agencies selected as New Chance sponsors, in these agencies' original missions, and in the strategies they adopted for staffing various program positions.

In general, the New Chance process evaluation does not assess the quality of program services in a systematic way. For one thing, there are no widely accepted standards for evaluating the quality of some services, such as case management. For another, it seems important to judge other services, such as individualized GED preparation and employability development, with reference to impact data, which are not yet available. Third, multiple visits or extended stays at the sites to observe program components that were scheduled relatively infrequently were not feasible.

Because of the importance of the issue, another, albeit less rigorous, effort to judge quality was adopted. The guidelines for each component were considered to be a "best approximation" about what constitutes service quality, and MDRC Operations

[10] Nonetheless, there is no assurance that even if the services prescribed by the model are effective, a program that meets all these implementation conditions will register impacts. A great deal depends on the extent to which members of the control group receive services substantially similar to those offered by New Chance. The behavior of control group members is likely to vary considerably by site and to reflect site differences in the sample's demographic characteristics, the local economy, the service environment, welfare regulations, and other factors.

staff members, each of whom worked closely with several sites, were asked to rate the sites' conformity with the guidelines for each component. The exercise pointed to predictable problems of interrater reliability but also revealed some consistencies: for example, sites generally conformed more closely to the education, parenting, and child care guidelines than to those in the areas of employability development and case management. (For example, at a number of sites staff did not make good use of vocational assessment tools, and case managers did not schedule biweekly meetings with each participant.)

MDRC is also planning to undertake a more systematic study of the quality of child care at those sites offering regular on-site (not emergency or drop-in) care, as well as sites where a large number of program participants use a particular off-site child care center.[11] MDRC staff will administer the Early Childhood Environment Rating Scale (ECERS) (Harms & Clifford, 1980) and the Infant-Toddler Environment Rating Scale (ITERS) (Harms, Cryer, & Clifford, 1986) to evaluate the quality of care these program provide.

In considering the implementation process and its results, it is critical to recognize the tension between the desire of program planners and site operators to provide high-quality services and the constraints imposed by funding considerations, local conditions, and the programs' minimal leverage over these conditions. The guidelines for child care and parenting exemplify this tension. Although the guidelines emphasize the importance of quality in child care, the New Chance sites were not funded at a level to ensure that they could provide high-quality care to all children themselves or purchase child care slots in high-quality facilities. And sites had no control over the supply of convenient, accessible, high-quality facilities in their communities.

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[11] The experiences of the preschool-age children of those New Chance enrollees who were active as of April 1, 1991 are instructive. Sixty-one percent of these children under age six attended a child care center (35% an on-site child care facility and 26% an off-site center); 14% were cared for by family day care providers; and 25% were cared for by a friend or relative. (Not counted are children who were not living with their mothers, who did not yet have a child care arrangement, or whose arrangement was unknown to program staff.) Overall, at those sites with an on-site center, 47% of the participants' children attended this center. This percentage ranged from 7% at one site that lacked infant and toddler slots to 100% at a site where program participants were required to use the on-site center unless their children were of school age or had special needs.

In a related vein, child development experts would recommend that sessions including parent–child interaction be held more frequently than the once-a-month standard established in the parenting guidelines. This would enable the young mothers to benefit more from observing positive adult–child interactions and interacting with children themselves under the guidance of sensitive, skilled parenting staff. Experience suggests, however, that it takes considerable effort to put together such sessions at sites lacking on-site child care, since the usual arrangements for child care, transportation, and scheduling must all be modified. (Planning for parent–child interaction is much easier at sites offering on-site child care, where parents and children can come together at various points during the day.)

In staffing the program, some sites relied primarily on agency employees, either those dedicated exclusively to New Chance or those who divided their time among a number of agency programs or functions. Other sites depended heavily on staff from other community agencies to deliver specialized services at the program site. All these strategies have been effective in securing qualified personnel; none seems distinctly superior. However, they pose different challenges. For example, New Chance sites often had little control over the quality of staff members from agencies providing brokered services. Thus, one local program went through four parenting education instructors supplied by an outside agency before finding one with both the substantive knowledge and the interpersonal skills needed to work with the New Chance population.

It is also worth noting that personality and other characteristics of the instructor often come strongly into play and may even override more objective indicators of quality. One parenting teacher with a Master's degree and considerable experience nonetheless could not gain credibility among the program participants because she had no children herself.

These examples reflect, too, the fact that in New Chance, the majority of program resources are directed toward the mother, not the child. Organizations mounting an intervention primarily oriented toward improving the development of young children, with anticipated secondary effects for the mother—rather than vice versa, as in New Chance—might well have made different resource allocation decisions.

Attendance and Absenteeism in New Chance

It is important to bear in mind that to date, participation by young mothers in JOBS and New Chance has been mostly voluntary. Like other voluntary programs, New Chance can offer inducements for positive performance, but not strong penalties (such as removal from the welfare rolls) for noncompliance.[12]

Securing regular attendance has been perhaps the key problem faced by most New Chance sites during the early period of operations. They are not unusual in this regard; many other programs—both mandatory and voluntary—that serve disadvantaged youth have documented the difficulties involved in reaching and retaining this population (e.g., Auspos, Cave, Doolittle, & Hoerz, 1989; U.S. Department of Education, 1988). The remainder of this section examines the extent to which early enrollees received program services, factors associated with greater service receipt, reasons for absenteeism, and the lessons for program operations that the New Chance experience suggests.

The Extent of Participation. This discussion focuses on 657 young women who were randomly assigned to the experimental group before or during September 1990 and who participated in program activities. (Participation is defined as attending a program component other than individual counseling for at least one hour, although virtually all participants attended far longer than that.) The 657 participants represent 89% of the 738 young women assigned to the experimental group during this period.[13]

The data on the extent of program participation that are currently available, and which are presented below, are limited in several ways. First, only the participation of relatively early enrollees—slightly under half of all the young women ultimately

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[12] Even if JOBS participation requirements for young mothers are increasingly enforced, enrolling in New Chance will not be the only way young women can satisfy these requirements. Furthermore, enrollees who leave New Chance are unlikely to incur a penalty if they engage if some other approved activity. This means that in the future, New Chance is likely to continue to face the same recruitment and retention challenges it has experienced thus far.

[13] Nonparticipation by the remaining 81 experimentals is explained in part by the fact that at some sites, those randomly assigned to the experimental group had to wait some time for classes to begin. During the interim, they may have lost interest or joined other programs or experienced other situations (for example, pregnancy or homelessness) that made it impossible for them to participate in New Chance.

assigned to the treatment group—could be followed. Second, the young women were followed only for the first four months after random assignment. Third, the calendar month of random assignment was counted as the first month, whether an individual was randomly assigned on the first or the last day of that month. Fourth, at the outset, participation hours were often reduced because enrollees spent several days in orientation, or because participation was delayed until child care had been arranged. Fifth, for over half of the participants, at least one of these months was in the summer, when the pace of activities at the sites slowed and when a number of sites closed altogether for a few weeks' vacation. Finally, most sites had not yet reached operational maturity, nor had they begun to place enrollees in skills training and work internships in large numbers. Therefore, participation in these two components is not discussed here.[14] For all these reasons, the findings discussed here must be regarded as preliminary; they will be amplified in later program reports.

Table 4–6 shows that the majority of participants received services in all the component areas examined. Virtually everyone took part in education. Even in family planning and health education, the components with the fewest participants, four out of five young women took part in classes covering these subjects within their first four months, and some of the young women who missed group family planning instruction may have received individual counseling on this topic that is not counted in the table.

The second column of Table 4–6 indicates that during the first four months, the average participant spent 136 hours in those components for which attendance data were reported. As expected, participants registered more hours—56, on average—in education than in any other component, since more hours were scheduled for this activity than for any other. On average, participants spent between three and four hours a month in each of several other components: employability development, parenting, and life skills.

The averages shown in the second column are lowered by the fact that they include all young women who participated during the four-month period, including those who were terminated from the program during this time as well as those who were no

[14] It is also worth noting that time spent in individual counseling was not counted, even though this could be considerable.

TABLE 4–6

PARTICIPATION IN NEW CHANCE COMPONENTS WITHIN FOUR MONTHS AFTER PROGRAM ENTRY

	Percentage of Enrollees Ever Active in Component	Mean Hours of Participation in Component	Mean Number of Participation in Component for Those Active During All 4 Months	Number of Hours Specified by Program Guidelines
Education	96.3	55.9	82.5	192
Employability development	86.3	16.0	24.5	48[a]
Family planning	79.1	5.4	7.8	6
Health education	79.3	7.2	10.2	24
Parenting education	88.6	13.0	18.9	32–64
Life skills	89.0	14.5	22.5	36–39
Other group activities (e.g., field trips or social events)	87.2	13.1	17.3	n/a
Average number of hours of participation in all components[b]	—	135.7	202.8	n/a
Sample size	657	657	220	

Notes: The sample includes 657 young women at 15 sites who enrolled in New Chance from August 1989 through September 1990 and who participated within four months after program entry. The sample excludes enrollees from the Chicago Heights site because of the late start of random assignment at the site.

[a] Participants had to complete 48 hours of employability development activities before beginning work internships or occupational skills training.

[b] Hours spent in work internship and occupational skills training are included, but hours spent in individual counseling are not.

Source: MDRC calculations from New Chance MIS data.

longer active but had not been formally terminated. The third column of the table presents average component hours only for those young women who were active during each of the four months of follow-up. Average hours of participation in most

components, as well as the average for all components, increase by 40% to 50% when early leavers and those who did not participate continuously are excluded.

It is instructive to compare these averages with the number of hours of different services that programs were required to offer in order to conform to the New Chance guidelines. The last column of Table 4–6 presents these requirements, adjusted to reflect a four-month timeframe. As noted above, sites generally delivered these services in the amounts specified by the guidelines, so that discrepancies between hours of actual participation and the hours specified in the guidelines reflect participants' lack of attendance, not sites' failure to mount the treatment. The discrepancies are sizable. They suggest that even those who remained active received only between 40% and 50% of the service "dosage" they could have received had they been absent less often. As discussed below, the relationship between dosage and outcomes is a major question to be addressed in subsequent analyses.

Factors Associated with Greater Service Receipt. Overall averages mask a great deal of variation both among sites and among individuals. For example, while across all sites the average total hours of participation was 136, as noted earlier, this figure ranged from a high of 205 at one local program to a low of 67 at another site. Part of this variation is attributable to the fact that some sites offered services five days a week and others four. However, the variation also reflects pronounced differences in sites' abilities to retain participants, as well as differences in the characteristics of enrollees at the local programs. Subsequent multivariate analyses will seek to assess the relative importance of these sources of site variation.

The variation in attendance among individuals has been equally striking. Twenty-three percent of all participants attended 50 or fewer hours in the first four months after entry, while 11% amassed 250 hours or more. Participants with more attendance hours differed from those with fewer hours along a number of characteristics measured at program entry. Bivariate analysis suggests that in general, participants who attended more frequently were more advantaged, and probably more motivated as well, than their counterparts with fewer attendance hours. Those with higher attendance had higher educational attainment, were less likely to have dropped out of school or to have repeated a grade, and were more likely to have parents who

were high school graduates or GED holders. However, other "human capital" variables—prior welfare and employment histories—did not distinguish those with better or worse program attendance. Young women with better attendance records were also more likely to be using birth control at the time of program entry and to have received medical care in the 60 days before random assignment—variables that may be indicators of personal motivation. Young women who reported having a source of emotional support attended significantly more hours than those who did not. Finally, Hispanic young women attended most frequently, followed by black participants and then by whites. In the future, multivariate analyses will be used to test and quantify the influence of each characteristic on attendance once other characteristics are statistically controlled.

Reasons for Absenteeism and Site Strategies for Reducing It. Reasons for absenteeism are varied and complex. According to program staff, these reasons include problems with the program itself (such as boredom and disputes with staff or fellow students); transportation problems; illnesses of participants and their children; conflicting welfare and medical appointments; enrollees' apathy; their unfamiliarity with a highly structured, daily routine; their general immaturity and tendency to live in the moment (common among teens in general, not just the young mothers in New Chance); and the welter of personal problems discussed in an earlier section. The absenteeism problems sites have encountered and the responses they have developed suggest strategies for program operators and others concerned with helping this population.

- *Programs that serve highly disadvantaged young adults need to make attendance rules clear from the outset of a participant's stay, and periodically to reinforce the importance of these rules.*

In general, New Chance staff members have discovered that participants behave like the adolescents most are, and they need to have clear limits and boundaries. As noted earlier, many sites did not initially emphasize the attendance rules. Over time, they have changed their message considerably. Sites have found that clearly stating their expectations is a necessary, although not a sufficient, condition of good attendance. Program staff at two sites queried program participants about the high rates of absen-

teeism the sites were experiencing, only to find out that the participants did not realize that daily attendance was expected.

- *Program staff need to be skilled not only in individual interactions with clients but also in handling group dynamics.*

The program must be rewarding in interpersonal terms. While young women have personal reasons for joining, it is likely that they remain engaged in large part because of bonds that develop both with staff members and among themselves. A supportive peer group is instrumental in making the program a generally pleasant environment and can make it a place of refuge and comfort for participants experiencing personal crises. On the other hand, negative group dynamics can impede attendance. Some sites have discovered that disruptive behavior of even a single participant can make the program unpleasant for others and lead to absenteeism.

Program managers should recognize that skill in individual counseling and in one-to-one instruction does not necessarily go hand-in-hand with the ability to handle groups. The importance of peer group relationships to overall operations, and to good attendance in particular, suggests that in hiring staff, managers should look specifically for individuals with training and experience in group dynamics. Training and experience are especially necessary because group dynamics are likely to change as new cohorts enter the program. Sites have found that, unfortunately, things don't necessarily get easier over time; at some sites, later enrollees may present more behavior management problems than earlier ones.

- *Rewards and recognition ceremonies are a valuable program feature, although the extent to which they have resulted in improved attendance is uncertain.*

The New Chance guidelines required sites to develop incentive systems as a way of promoting participants' good attendance and other desired behaviors. More than half the sites developed systems whereby enrollees receive points for coming to the program and for completing other program milestones such as passing the GED test. Participants can redeem their points in site "stores" stocking toiletries, household wares, and new or used clothing (solicited from local businesses or donated by program staff and their friends), or they can use points to "buy" concert or

movie tickets or meal certificates. Sites have learned that it is important to provide rewards that participants value. What participants say they want is not necessarily what staff members would predict. At one site, for example, young women requested that in return for good attendance they be allowed to run a wash in the sponsor agency's laundry, since they found local laundromats inconvenient and costly.

Sites have regularly scheduled graduations and other award ceremonies. These are festive occasions with food, certificates, and applause. Such ceremonies are valued as a substitute for the rituals that the young women missed by dropping out of high school; they recognize accomplishment, build morale, and make the program more exciting and enjoyable.

The effects of rewards and ceremonies on attendance are unclear, however; they may be more helpful in maintaining good attendance than in inducing poor attendees to come more regularly. As suggested below, absenteeism is often created by issues that cannot be resolved through the relatively straightforward solutions of clear rules, positive group dynamics, and an attractive reward system.

- *Sites must be able to anticipate and plan responses to the kinds of problems participants are likely to confront.*

Programs seeking to provide intensive services to highly disadvantaged young mothers over a lengthy period should anticipate that many of these young women will face serious problems—including lack of social support, substance abuse, domestic violence, and homelessness—that are likely, over time, to interfere with participation. In fact, one might reasonably hypothesize that it is precisely because New Chance requires regular attendance over an extended time period that these various problems come to light; such issues might well be masked in a program of lesser intensity or shorter duration. These problems are serious in their own right and sometimes rob participants of energy to focus on much else; they also make it harder for participants to cope with other problems that may be temporary and relatively minor—a sick child, for example.

As New Chance has evolved, program staff have developed ways of responding to the problems they have uncovered. Recognizing the limitations of their own staff, sites have developed linkages with mental health agencies to which they can refer especially troubled young women; a number of sites have per-

ceived a need for similar linkages with substance abuse treatment agencies. Some sites have arranged for guest speakers on such topics as domestic violence and established ties with shelters for battered women; one site itself operates a residence providing temporary shelter to three or four women and their children. Several sites have obtained federal housing subsidies for participants.

Staff have also tried to make the participants themselves aware of the resources on which they can draw, and, through careful counseling, to help the young women figure out what problems they might face in the future and how they might cope with them. (For example, a case manager might ask a young woman what other child care options she would have if the relative who was babysitting for her decided to take a job.) Proactive counseling of this type requires planning and time, however, and especially in the early days of the program case managers' schedules were frequently disrupted by the need to deal with emergencies, such as finding a place to stay for a young woman and her child on the brink of homelessness.

Staff activities in response to the problems participants present go well beyond the already lengthy roster of activities called for by the program guidelines. Indeed, one might posit the existence of an "iron law of operational complexity": *The more that programs seek to do, the more still they will need to do.* That is, the deeper that programs designed to address the multiple needs of a highly disadvantaged population delve into participants' lives, the more additional needs they will uncover and will need to address in turn. Program staff require keen judgment about how to balance responses to these needs with a firm focus on the central objectives of the intervention. Both program staff and evaluators also may need to balance their hopes and expectations for the participants and the program model with a realistic assessment of the odds against which they are struggling.

While the data now available on the extent of participation point to serious shortfalls between intention and reality, a caveat about the interpretation of these data as well as about their preliminary nature is also in order; at this point, it is impossible to determine how much of a given service is enough. One can visualize alternative scenarios: the relationship between service receipt and outcomes may be linear, with learning and behavior change occurring incrementally with each additional unit of service; or learning and behavior change may occur only

after a critical mass of services has already been received; or there may be a point after which additional services produce diminishing returns. Or one can envision a mix of scenarios for different services and different individuals. One cannot necessarily conclude that more is better.

Answering this complex set of questions—is the program effective? for which individuals? which services seem to be most important? what are the minimum and optimum service dosages?—is a major challenge for the next phase of the research. It is important to recognize that some of these questions can be answered much more reliably than others. The strength of the impact analysis design is its ability to produce robust estimates of the effects of New Chance services considered as a "package"; its limitation (common to all evaluations in which individuals are randomly assigned to a complex treatment) is its inability to produce equally sturdy estimates of the effects of individual services. Quasi-experimental analyses employing statistical modeling will be used to address the latter issue. Such analyses are complex, however (especially given the interaction between enrollees' characteristics and the amounts of a given service they are likely to receive), and the results of these analyses will necessarily be less conclusive than findings about the effectiveness of the program as a whole.

While data on program impacts will not be available for some time, at this point it is worth noting that program staff are not overly discouraged by the absenteeism with which they have had to contend. Indeed, the prevailing spirit at the New Chance sits is one of optimism. Staff maintain that in a relatively brief period they have seen real changes in participants' behavior. They are cheered by participants' accomplishments and remark that many young women show more patience with their children, speak to them more affectionately, and touch them more gently than when they first enrolled in the program. As the results of the impact analysis become available, it will be possible to determine whether the program approach is successful in helping young mothers improve their credentials, join the work force, acquire new parenting skills, and create a better life for themselves and their children.

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5

THE CHALLENGE FOR HEAD START: REALIZING ITS VISION AS A TWO-GENERATION PROGRAM*

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Head Start is a comprehensive, federally funded program for low-income families with young children. Designed to foster children's competence, broadly conceived, Head Start mainly targets 3- and 4-year-olds, with the goal of improving their readiness for positive educational and social experiences in school, community, and home settings. During Fiscal Year 1993, Head Start served an estimated 721,000 children and their families in approximately 2,000 communities nationwide (Horn, 1993). The Clinton administration has stated its commitment to providing full funding for the enrollment of all eligible 3- and 4-year-olds in families living in poverty.

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Since its inception during the War on Poverty, Head Start's model of comprehensive services has served two important functions. This model has provided both a framework for service delivery in mainstream Head Start programs and a foundation for demonstrations of new programs that enrich and extend basic Head Start services to meet special needs of families. Head Start's service model stands today as the earliest two-generation intervention, supporting children's immediate well-being and early development while also seeking to ameliorate family poverty and welfare dependency. In this period of heightened interest in finding effective means of halting the cycle of intergenerational poverty, it is useful to look at Head Start's promise as a two-generation program.

In this chapter, we make the case that Head Start is a two-generation intervention in its programmatic vision, but that this vision is not yet fully realized. We discuss the strengths and weaknesses of the current Head Start program as a two-generation intervention and then describe some recently funded Head Start Bureau initiatives that are strengthening certain aspects of the core Head Start model. We conclude this chapter with an examination of Head Start's parent involvement component and recommendations for strengthening its capacity to support a two-generation program strategy.

HEAD START: A TWO-GENERATION VISION

As in other chapters of this volume, here a *two-generation program* refers to an intervention designed to promote both the child's healthy development and improvements in a cluster of adult self-sufficiency outcomes that include the parent's education level, employment status, income, and welfare status. The rationale for this strategy rests on the premise that the simultaneous support of both child development and adult self-sufficiency outcomes can produce changes in parent and family resources that are needed to sustain the benefits of early intervention and keep children on a course of healthy development (see Smith & Zaslow, Chapter 1 of this volume). Head Start's comprehensive service model, as reflected in its Program Performance Standards (Head Start Bureau, 1975), contains most of the key elements of a two-generation program strategy. Because

those Head Start services that are targeted directly to children, such as early childhood education and health care, are more widely understood, we concentrate here on the often neglected *parent* focus of the Head Start program.

Parent Involvement

The Economic Opportunity Act of 1964, which authorized the Head Start initiative, mandated "maximum feasible participation" of parents in all programmatic efforts for young children. As Valentine and Stark (1979) have noted, this mandate reflected the belief that the child's risk of experiencing poverty in adulthood could be reduced by halting the intergenerational transmission of values and attitudes associated with poverty from parents to their children. Ignoring parental strengths, this perspective emphasized a *cultural-deficit* explanation of poverty. Interestingly, the validity of this view was challenged by parents and community action groups, who interpreted the legislation as a chance to engage in positive social and political action (Zigler & Muenchow, 1992; Zigler & Valentine, 1979). Fueled by these distinct perspectives, the involvement of parents as decision-makers and activists became a cornerstone of the program, not just a congressional mandate.

Early descriptions of Head Start's parent involvement component included a range of experiences and activities including parenting education (including nutrition, child development, budget management, and child rearing), volunteering, and decision-making in areas concerned with program management, as well as opportunities for peer and staff support through social activities and the provision of social services (Head Start Bureau, 1970). Parent participation is also described as a developmental process where each parent must be helped to move from simple to more complex levels of participation. Over time, different aspects of parent involvement have been given more or less prominence in the program.

A relatively well-developed feature of the Head Start model is its emphasis on parenting education. The Head Start philosophy acknowledges parents as responsible guardians and prime educators of their children. Consequently, activities that support parents' understanding of children's development, parenting skills, and parents' involvement in their children's education and health care are mandated components of the Head Start

model. Many programs use formal parent education curricula such as "Exploring Parenting" (Head Start Bureau, 1976). In addition, parents are encouraged to take an active role in their children's education and health care by working with teachers to develop and carry out activities in the classroom, extending their child's learning by using classroom activities in the home, practicing preventive health strategies with their children, and actively participating in the child's medical and dental check-ups.

Parent involvement in program planning and management is a hallmark of the Head Start program model, established by the general mandate that parents participate in the "process of making decisions about the nature and operation of the program" (Head Start Bureau, 1970). In this role, parents lead and serve on committees that make decisions regarding budgets, curriculum development, health services, goal setting for the program, and implementation of program services. Staff are expected to support parents in these and related activities, such as representing their program at city, state, and national meetings. An even larger proportion of Head Start parents influence their programs through work as volunteers in the centers and classrooms. Over 600,000 parents volunteered in Head Start in 1990–1991 (Collins, 1993), performing such functions as assisting teachers in the classroom, accompanying groups of children on trips and to dental and physical examinations, planning and conducting parent meetings, developing and reviewing program plans, hiring staff, volunteering time in meal preparation, and performing office tasks and custodial work. As we argue later, decision-making and volunteer activities of parents play a potentially important role in development pre-employment skills.

In addition to these more informal opportunities for building skills, Head Start supports parents' efforts to improve their education and employment status. Head Start Performance Standards (Head Start Bureau, 1975) require that programs identify continuing education programs in the community that will help prepare parents for employment, including basic adult education, vocational training, and employment counseling. The Head Start Improvement Act of 1992 mandates that all Head Start programs provide parents with literacy skills training to maximize their children's academic potential (Horn, 1993). Under this congressional mandate, quality improvement funds, in the amount of $2,000 per program, are available to help Head

Start agencies accomplish this goal. The funds can be used to hire additional staff, organize peer groups, and provide child care and transportation for parents participating in the literacy skills training programs. Although this is an important step, this level of funding does not adequately provide the kind of program support that is needed and does not address the more important issue of family literacy (L. Likins, personal communication, January 20, 1994).

A more longstanding tradition in the Head Start model is the hiring of parents for a variety of program staff positions. Over one third of Head Start staff are parents of current or former Head Start children (Administration on Children, Youth and Families, 1993). These parents have assumed positions in child care, social services, meal preparation, and transportation. Unfortunately, these jobs have usually failed to become a route to higher-wage employment outside of Head Start (National Black Child Development Institute, 1993).

Head Start also aims to promote the self-confidence and personal well-being of parents, goals that may be critical to parents' capacity to work toward self-sufficiency. The social services and parent involvement components of Head Start mandate that the program work intensively with families to address a variety of needs in order to reduce family stress and improve the quality of family life. For example, the "Looking at Life" curriculum (Head Start Bureau, 1987) is frequently used in parent workshops to address such issues as marital relations, self-esteem, and social skills development. Programs are required to help families assess their needs and to provide counseling or crisis intervention, either directly by the program or through linkage with other community resources. There is some evidence that both parent involvement experiences and receiving social services improve the well-being of Head Start parents (Parker, Piotrkowski, & Peay, 1987). Although reporting comparable levels of well-being at the start of the program year, mothers with high and medium rates of participation showed significant gains in well-being over the program year, while mothers who participated little showed no such gains. Medium- and high-participating mothers reported significantly fewer symptoms of depression and anxiety, fewer somatic complaints, and felt more skillful in dealing with their life problems. These differences persisted even when those variables predicting levels of participation were statistically controlled.

Flexibility in Programming and Services

The Head Start program model allows flexibility, both in program structure and in service delivery, to individual families. A core set of services is mandated for all programs. These include the parent involvement supports discussed above and the better known early child education program and health services, including physical and mental health care and nutrition. However, these mandates allow adaptation of the program to the diverse needs of communities and to local leadership and resources. For example, although the most prevalent Head Start option is a center-based, half-day early childhood program, full-day classes and home-based programs that focus on the parents as the primary educators of their children also are offered. Some center-based programs provide fewer than five days of early childhood education, leaving more time for parent–child interaction and other parent involvement activities. Requirements for some services, such as standards for child vision screenings, are quite specific. In contrast, greater local program discretion is permitted in designing parent involvement and other components.

The Head Start model prescribes an individualized approach to serving children and families. Each child must receive medical, nutritional, and developmental screenings and appropriate treatments for identified needs. Family needs assessments must also be performed, with the expectation that families will be helped to gain access to supports tailored to their individual needs. Thus, the Head Start model is notable for both its comprehensiveness and its flexibility in seeking to meet the needs of individual families.

Strengths and Weaknesses of Head Start as a Two-Generation Program

From the outset, Head Start's program vision has been consistent with key features of a two-generation strategy. Although there is unevenness in program implementation and management, Head Start has notable strengths in providing quality preschool education, delivering comprehensive health services to children, building parenting skills, offering employment for some parents, and helping link families to community resources. The parent involvement component also provides parents with multiple

opportunities to learn and practice behaviors that can contribute to the parent's ability to achieve self-sufficiency. In particular, skill in working with others, solving problems, and making decisions, as well as the sense of self-efficacy that such activities may foster, are central to many educational and training endeavors and to most types of employment. Finally, Head Start's flexibility in programming and emphasis on matching supports to the circumstances of individual families increase the chances that the program can address the range of needs targeted by a two-generation intervention.

Notwithstanding Head Start's potential strengths, there are several aspects of both the model and actual program implementation that limit its capacity to deliver a two-generation intervention. In fact, Zigler and Styfco (1993) point out that the parent involvement component is the most neglected one of all. One problem is the lack of fully developed guidance for establishing self-sufficiency goals for parents and the programmatic means for helping parents achieve these goals. General mandates to identify educational and literacy services do not specify the intensity of services that should be provided or the proportion of parents who should be targeted. A more serious problem is that these general mandates are not backed up by resources that could enable Head Start programs to link parents to high quality education and training services. A recent study reports that the average number of families on the caseload of a Head Start social services staff member is 156, far higher than the recommended 35 families (Brush, Gaidurgis, & Best, 1993). High social service caseloads make it difficult for staff to identify education and training programs in the community and create supports such as on-site services and case management, which would encourage parents' participation. In addition, social service staff need training in effective means of linking Head Start families to appropriate self-sufficiency programs, such as the Job Opportunities and Basic Skills (JOBS) welfare-to-work programs, literacy and adult basic education, and vocational training, as well as employment for job-ready parents.

Another serious obstacle to Head Start's provision of an effective adult self-sufficiency component is the structure of the program. Most Head Start programs operate as half-day, necessitating some form of wraparound, extended-day child care for parents engaged in self-sufficiency activities. Few programs have been able to achieve extended day care, which may require a blending of funding streams and sometimes a change in setting,

such as when a child moves from a morning Head Start classroom to a family daycare provider. The full-day Head Start option, a program operating from 9 A.M. to 3 P.M., may be sufficient for parents in school or training but too short for working parents. Also, parents may require child care for younger and older children in the family. Addressing parents' need for high quality care for all their children is a critical issue for Head Start if it is to help parents move toward self-sufficiency.

The duration of Head Start services may also limit the program's capacity as a two-generation program. With the exception of the Migrant programs and the Parent and Child Centers, most centers serve only 3- and 4-year-old children, with priority given to 4 year olds who typically participate ten months to a year. Many parents with limited education and job skills and those who have experienced long periods of welfare dependency are likely to require more than one year to make significant progress toward employment.

A final issue relates to the scope of Head Start's comprehensive services. Currently, Head Start lacks specific mandates and resources to enable the program to address needs that may strongly affect a parent's ability to try to improve her education and employment status. In particular, the program has limited experience in such areas as family planning, substance abuse, and services to infants and toddlers. As one step in this direction, the Head Start Improvement Act of 1992 requires the program to arrange for younger siblings to obtain health services.

MOVING TOWARD A FULL TWO-GENERATION STRATEGY IN HEAD START

Over the past five years, the Administration on Children, Youth and Families and the Head Start Bureau have attempted to address some of these limitations in demonstration projects and special initiatives. Between 1989 and 1993, rising congressional appropriations for ACYF programs enabled the funding of several major initiatives. Taken together, these efforts move the Head Start model of comprehensive services toward a stronger two-generation program by increasing the scope, duration, and intensity of services that can support parents' progression to-

ward self-sufficiency. At the same time, these efforts ensure the strong health and educational supports for children that have been a centerpiece of Head Start. In the following sections we discuss two major initiatives: (a) the Comprehensive Child Development Program (CCDP), a legislatively authorized demonstration administered by the Head Start Bureau; and (b) the Family Service Center (FSC) project, a demonstration initiated by ACYF with discretionary funding. In addition, several related Head Start projects that address serious barriers to self-sufficiency are briefly described.

The Comprehensive Child Development Program (CCDP)

The Comprehensive Child Development Program (CCDP) (Hubbell et al., 1991; Smith, 1993) is a national family support demonstration designed to provide integrated, comprehensive, and continuous support services to low-income children and their families from birth to age 6. In its design, it represents a fully developed two-generation intervention for young children and their families. The CCDP was authorized by the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 for 5 years from FY 1988 to FY 1993 at an annual level of $25 million. The Human Services Reauthorization of 1990 extended the CCDP to FY 1994 and increased the annual authorization level to $50 million.

Currently funded at $46.8 million per year, the CCDP provides support for 34 projects serving 4,470 families. Each project site serves from 60 to 240 families and receives $650,000 to $1.8 million to fund the services and management costs (A. Smith, personal communication, January 27, 1994). The projects are operated in both rural and urban areas by a variety of nonprofit organizations including Head Start agencies, institutions of higher education, public hospitals, community development corporations, and community-based organizations. Comprehensive family support services are delivered on-site and through coordination with other community providers.

Although all of the CCDP projects are mandated to carry out the objectives of the Head Start Performance Standards and guarantee the provision of the same set of core services for families, the individual programs differ in terms of the intensity, frequency, and duration of services, and the nature of the service delivery system. Flexibility in project design was incorporated

into the CCDP model so that each grantee could make the project responsive to the needs of the target community and to the ethnic and social background of its population. The model's flexibility also accommodates variations in communities' service infrastructure, which is the source of many of the program's components.

Among the features of the CCPD that improve upon Head Start's capacity to deliver two-generation services are: (a) broader eligibility criteria; (b) services to other family members; (c) a stronger focus on adult services, including a strong emphasis on education, job training, and employment; and (d) greater provisions for ensuring that families can gain access to needed services. At the time of initial enrollment in the CCDP, a family must have an income below the federal poverty line (also a requirement of Head Start), have a child under age 1 or a parent who is pregnant, and agree to participate in the CCDP for 5 years. However, it is expected that family resources, including income, will improve over time as families move toward self-sufficiency. An important provision of the model is that a family may remain in the program even if its income rises above the poverty line at any time during the project's 5-year period.

Projects funded under the CCDP provide specific core services to *all* members of a participating family. A CCDP "family" is defined as two or more people related biologically or by marriage or commitment, who reside in the same household. The family includes any children of the primary caregiver under age 18 in the household and any other family members residing in the household who have major responsibility for the care of the focus child. In addition, some services are also available for a parent of the focus child who resides outside the household.

For parents and other adult members of the household, core CCDP services include assistance in securing adequate income support, nutritional assistance, and housing; vocational training; employment counseling; and adult education. Health care, including mental health, prenatal care, screening, immunization, and treatment, are offered to all family members.

Under the direction of a case manager or an employment coordinator, a family member's needs are assessed, and based upon the individual's goals, interests, and aptitudes, a plan is developed to provide a comprehensive set of supports. The program participant takes an active role in this process. Special attention is given to helping the primary caregiver of the focus child, usually the mother, increase her employability and improve her

family's long-term economic prospects. The CCDP model prescribes a range of services directly related to this goal, including literacy training, basic adult education, English as a second language, and life skills training. Some adult education activities are specifically developed to enhance male involvement, and male coordinators are chosen to increase the likelihood of men's participation.

Projects develop referral arrangements with local programs that can provide these services. A variety of community resources may be tapped for this service component, including community colleges, high schools, vocational centers, state employment and training facilities, JOBS programs, and JTPA grantees. In many projects, the case manager or employment coordinator also works with the business community to assess job availability and in some cases even develops job opportunities for the CCDP families. Some projects have a loan fund to help families start their own small business or provide legal assistance where needed (Smith, 1993). Most projects also provide substance abuse treatment services through agreements with community programs, health centers, and rehabilitation facilities, because drug and alcohol use have proven to be serious impediments to overall program participation and to full involvement in self-sufficiency activities.

The CCDP model prescribe high-quality child care and early childhood education as both a service that helps parents move toward self-sufficiency and a support for children's healthy development. Child care provided by the projects must meet Head Start Performance Standards if it is the only child development programming the child receives. Projects ensure the provision of care when parents are employed or in training, when it is needed as respite or ordered by the court for child protection, and when it is determined that children can benefit from a group developmental experience. Other CCDP components that promote children's healthy development are prenatal, infant, and toddler health prevention and intervention services and parenting education. All CCDP children under compulsory school age must receive a developmental screening and assessment. Children with developmental delays are mainstreamed in centers and home-based models or referred for specialized early intervention services.

To carry out its mandate, the CCDP program model delineates a range of key staff positions. The model calls for a program director, a data manager, and several case managers. In addition,

projects may have an early childhood education coordinator, a case-management supervisor, and a staff member who coordinates adult education and training. Each project operates under a grantee agency headed by an executive director.

The use of family-focused case management is a key aspect of the CCDP service delivery. Case managers are responsible for building relationships with families and for providing, brokering, coordinating, and monitoring the delivery of services that are necessary to help a family realize goals determined by ongoing family needs assessments. The goal is the empowerment of families, building upon parents' strengths rather than focusing on remedies for weaknesses. In many CCPD projects, the case managers also provide home-based early childhood education and training to adults in parenting skills, health, and nutrition, and they run peer support groups for family members. For many of the projects, the ratio of case managers to families is one to ten or 12 (Smith, 1993).

Head Start Family Service Center Demonstration (FSC)

The main objective of the Family Service Center (FSC) demonstration (Johnson, 1993; Swartz, 1992; Swartz & Levin, 1991) is to strengthen Head Start's capacity to address the often interrelated problems of illiteracy, substance abuse, and unemployment. Since 1990, ACYF has funded 66 FSC projects, operating in 36 states with a total budget of about $19.7 million. Average awards are set at $245,000 a year. Originally, each FSC project was funded as a 3-year initiative. However, in 1992, funding was made a permanent part of each project's ongoing Head Start grant (W. F. Horn, personal communication, January 19, 1994). Approximately 4,700 families are served annually by the FSC demonstration.

FSC projects serve the same population as Head Start, since they are operated out of Head Start centers. The demonstration is designed to allow sites to offer particular activities, such as drug awareness education and family reading projects, to all families, while targeting more intensive services to a subset of families. The demonstration's overall strategy for addressing the problems of substance abuse, illiteracy, and unemployment is to strengthen Head Start's ability to identify family needs, improve linkages between Head Start and community agencies that can assist families, and develop a sound case-management system.

The FSC model specifies a number of service options for each targeted area. Projects may offer a variety of literacy-related supports, including traditional adult basic education, computerized instruction, and assistance provided by tutors from Literacy Volunteers of America. In the area of substance abuse, projects may provide on-site drug education and prevention classes and individual counseling by a drug specialist. Projects are also encouraged to increase their ability to make referrals to drug treatment programs at mental health, hospital, and other facilities. The sites are urged to collaborate with the major programs that provide assistance with job training and transition to work, such as local JOBS and JTPA programs. In collaboration with these programs and with services provided on-site, the projects are expected to offer parents job search skills, vocational training, and paid internships.

FSC projects have flexibility in the use of their grant awards for resource development and direct service. For example, funding may be used to hire additional staff, such as a full-time or part-time substance abuse counselor, to work with families and staff (R. H. Johnson, personal communication, January 31, 1994). In sum, the FSC demonstration allows Head Start programs to intensify their targeting of problems that pose obstacles to self-sufficiency. The demonstration focuses on supports to adults in the areas of substance abuse, illiteracy, and unemployment, but is nonetheless two-generational since these supports are added onto Head Start's existing early childhood education program. Like CCPD, the FSC demonstration gives projects flexibility in their approach to working with families and tapping the resources of the larger community. Both the CCDP and the FSC demonstrations are expected to yield new methods of identifying needs of Head Start families, motivating participants to take steps to help themselves, linking families with community services, and supporting families as they work toward solving problems.

Other Head Start Bureau Initiatives that Facilitate Family Self-Sufficiency

Additional supports for a two-generation intervention strategy can be found in other initiatives that build on the strengths of Head Start. One of these is the Head Start/Public School Early Childhood Transition Demonstration Project (Plutro, 1993),

which gives financial assistance to Head Start programs and local school districts to develop a sustained program of comprehensive support to low-income children and their families beginning in Head Start and continuing through third grade. Projects are designed as 3-year initiatives with the first year reserved for planning. Currently, 32 projects serve 16,000 families, with each project funded at a maximum level of $500,000 per year for implementation and delivery of services (M. Plutro, personal communication, February 3, 1994).

The key components of the transition projects are training for families, administrators, and teachers to promote continuity in supporting children's healthy development during their transition from Head Start to the early grades; individualized transition plans for both the child and parents formulated each year until the child reaches third grade; follow-up assistance by a family service coordinator who works with no more than 35 families; and home visits to provide families with assistance in the areas of health care, nutrition, parenting, literacy training, education, job training, employment, and other social services. By incorporating attention to self-sufficiency in the service package, the transition projects are creating a two-generation intervention for Head Start families that is longer in duration than Head Start and that extends past early childhood, when some parents may be better prepared to concentrate on job readiness and a transition to work.

The Male Involvement Project (R. H. Johnson, personal communication, October 14, 1993) extends family support to the male members of the Head Start household. ACYF developed this demonstration in response to the predominantly female nature of parent involvement in Head Start and the absence of male adults in children's Head Start experience. For this project, "male" is defined to include "grandfathers, uncles, friends of the family, and other men in the household, as well as fathers" (National Head Start Association, 1992); that is, significant adult males in the life of the Head Start child. Six local Head Start Male Involvement Projects were funded by ACYF in 1991 for 3 years. Each Head Start agency receives up to $75,000 per year.

Several self-sufficiency components are included in the options for male involvement activities. Among these are a program for men to get involved in reading activities in the classroom; a computer lab providing instruction in computer training and adult literacy/GED instruction; a literacy program outside of the Head Start center for men who prefer anonymity;

and employment training and education provided through collaboration with family services centers, community colleges, and private business councils.

Head Start's three-year regional initiative, "The Minority Male New Start Program" (G. Johnson, personal communication, February 2, 1994) was instituted and funded in 1991 by Region IV (Georgia) to support the national demonstration and to assist 20 Head Start grantees in their region to increase the self-sufficiency of males. A survey of 50 Head Start grantees in the region revealed that fathers were involved at the center, but were not involved specifically in their children's education and care. As a result, an intensive 12-week evening training program was developed to assist participants in the following areas: job training and placement; GED preparation and literacy training; education in child support responsibilities, reproductive health, family planning, personal development, and life skills; understanding of child development; and substance abuse prevention.

Working closely with the Office of Family Assistance, which administers the federal JOBS program, ACYF launched the Head Start-JOBS initiative in 1991 (W. F. Horn, personal communication, January 19, 1994). Through the provision of federal guidance and technical assistance, this effort has encouraged a better linkage between welfare-to-work services provided by JOBS programs and the family and child development supports of Head Start. Specific goals have been an increase in the number of Head Start parents who enroll in JOBS through cross-program referrals and the creation of extended-day child care for Head Start families in which parents are engaged in JOBS self-sufficiency activities or are working (Horn, 1993). The JOBS initiative has continued under the Clinton administration.

A final related project is the Family Child Care Homes research and demonstration project (Federal Register, 1992; Horn, 1993). Begun in 1992 by the Head Start Bureau and extending for 4 years, this project is creating family child care settings that offer the same comprehensive services available in center-based Head Start programs; however, family child care providers, for the most part, do not have the mandated educational credentials of Head Start teachers. Eighteen Head Start grantees were funded at an average of $200,000 per year, each serving 40 4-year-old children in family child care homes. Each home serves a minimum of four and not more than six children. Some programs provide networking opportunities for both parents and staff across child care home sites. If successful, the project could serve

as a viable alternative for parents who need quality child care services beyond the hours of Head Start because they are in education or job training, or are employed (T. Wexler, personal communication, January 31, 1994).

RETHINKING HEAD START'S PARENT INVOLVEMENT COMPONENT

The demonstration projects and new initiatives described above redress many of the limitations of Head Start as a full-fledged two-generation program model. What they do not fully address, however, is the challenge of defining an effective parent involvement component within a strengthened two-generation Head Start program. Parent involvement in Head Start has always served several key purposes: it promotes parents' personal development, their involvement in their children's development and education, and their participation in key aspects of programmatic decision-making; it provides needed services to programs; and it helps local programs satisfy requirements for in-kind contributions. The task for Head Start is to develop its parent involvement component in such a way that it more systematically supports a two-generation strategy. This task involves three challenges: how to reconcile the new welfare-to-work demands on parents' time with Head Start's present requirements for parent volunteering in the program; how to make the activities and experiences offered by Head Start more user friendly; and how to deliver individualized supports to parents that more effectively promote the multiple goals of parent involvement, including efforts to work toward employment and self-sufficiency.

A first challenge for Head Start is to reconsider the in-kind requirement and the scope and timing of activities and experiences for parents in light of changing patterns of involvement because of employment and job training. Parents who become engaged in job training, education, and jobs may find it difficult to remain involved in the ways mandated by the Head Start Program Performance Standards. At present, Head Start programs must provide 25% of matching in-kind contributions through rents, services, funding, and so forth. A proportion of this in-

kind is provided by the volunteer efforts of Head Start parents through services such as volunteering in the classroom and the office.

Parker, Piotrkowski, Peay, Clark, and Yoshikawa (1991) recently conducted a study of the barriers to parent involvement in two Head Start programs. They asked Head Start parents about several types of potential barriers to their participation, including characteristics of the Head Start program, staff, and facility; family demographics, home climate, supports, and stressors; community characteristics; and personal demographics and well-being. They found that in a sample of 68 Head Start mothers who had been in the program for at least one year, 44.8% of those who worked or went to school during the Head Start year reported that this was a barrier to their participation; over three quarters (84%) of those who had schedules that conflicted with Head Start activities reported this as a barrier; and over one half (55.6%) of those who had inflexible work or school hours reported that this made it harder for them to participate. Many individual Head Start programs are trying to accommodate parents who do not have the traditional flexible schedules to which Head Start is accustomed. Among the solutions being tried are center evening activities, more home visiting, increased telephone contacts, and assignments that may be carried out at home on weekends or in the evenings. Hopefully, regulations regarding in-kind contributions can be revised to explicitly accept these approaches so that local Head Start programs will not suffer financial hardships as they try to accommodate the needs of parents in work and training. Some local Head Start programs have tried to address these issues by becoming sites for JOBS welfare-to-work programs. In this way, the time that parents are involved in job training can also count as in-kind contributions for Head Start.

A second challenge is an age-old one for Head Start: how to engage hard-to-reach parents in the Head Start process. In the survey of barriers to Head Start involvement mentioned above, nearly one-half (47.1%) of the mothers interviewed reported often feeling "sad, down, and depressed." In our view, this represents not clinical depression but the feelings of hopelessness, helplessness, and demoralization that come from long-term poverty and its ramifications. Head Start must take on the responsibility of training staff, particularly family service workers, to understand how this demoralization is manifested in the day-to-day behaviors of some parents, and to develop creative solutions to overcome this barrier (Parker, Piotrkowski, Clark,

Peay, & Flynn, 1993). Our later discussion of a developmental approach to structuring parent activities suggests a way of designing a series of activities that gives the parent a chance to experience success and satisfaction in her early stages of involvement and requires increasingly initiative as she acquires new skills, interests, and motivation.

A third challenge is to rethink parent involvement in ways that maintain the important role of parents in the program, in the context of their efforts to attain self-sufficiency. Herr and Halpern (1991, and Chapter 6, this volume) suggest that all activities and experiences offered by a program could be categorized in a "ladder" fashion as incremental steps to self-sufficiency. Therefore, something like volunteering in a Head Start classroom could be seen as an important first step in practicing the "role of worker" in a safe, nurturing environment. Interestingly, the Head Start Policy Manual 70.2 (1970) is consistent with this notion and contains the conceptual underpinnings of an individualized, developmental approach to parent involvement. Parent involvement is described as a developmental process that "for some parents . . . may begin on a simple level and move to more complex levels. For other parents the movement will be immediate, because of past experiences, into complex levels of sharing and giving" (Head Start Bureau, 1970).

The notion of a developmental progression is especially relevant to a two-generation strategy. Consistent with this notion, parent involvement can be treated as a progression of activities that offer increasingly challenging opportunities to foster skills needed to attain self-sufficiency. Parents would not simply be offered an array of parent involvement opportunities from which to choose, but would instead be given the opportunity to develop a clear plan of appropriate activities that reflects their individual needs and builds on their strengths. This case-management approach would involve the parent and Head Start staff in a collaborative process of assessment and planning throughout the year.

These challenges for Head Start clearly are not mutually exclusive, but interact with each other. Therefore it is important to attend to all three in order for parent involvement to reach its fullest potential in supporting a full two-generation intervention strategy. Parker and Piotrkowski (1993) have recently developed a way to conceptualize parent involvement that is especially relevant to the challenges of finding ways to engage parents who have special barriers to overcome and structuring parent in-

volvement so that it promotes parents' acquisition of employment-related skills. They have begun to conceptualize parent involvement activities and experiences in Head Start as having two dimensions: initiative and skill. The ongoing activities and experiences for parents that make up a Head Start program may be classified according to the "degree of initiative required" and their "level of skill-complexity." "Initiative" is "the degree to which an activity or experience requires a parent to *start* and sustain a set of behaviors. The more difficult it is to start and sustain, the more initiative is required." "Skill" is defined as "the complexity of the knowledge or proficiency that can ideally be acquired from participating in the specific activity or experience." All the parent involvement activities and experiences that occurred at two Head Start programs over the course of one year's time were reliably coded along these two dimensions, suggesting an empirically based strategy for understanding parent involvement.

It is important to note that the developmental schema of the dimensions of initiative and skill apply to the Head Start activity or experience, not to the parent. However, as parents participate in activities and experiences that require more initiative and offer opportunities for more complex learning, they enhance the personal skills and resources that are vital for attaining economic self-sufficiency. Although the dimensions covary empirically, they are conceptually distinct, especially when different parts of an activity are considered. For example, participation in a march at the nation's capital requires a high degree of initiative and also provides opportunities for learning complex skills because of all the planning and organizing involved in order to attend; the march itself, however, is not likely to help the participant gain complex new knowledge or competencies.

Using the dimensions of initiative and skill, parent involvement activities can be classified in a developmental fashion and the specific skills that they foster can be identified. Some local Head Start programs implicitly have been using a developmental approach in working with parents to help them attain self-sufficiency. For example, in Puerto Rico a small community wanted to increase its economic viability by creating opportunities for the establishment of small businesses. The Head Start program assessed community needs and conducted assessments of the strengths and interests of each of their parents. Because the community lacked an adequate supply of well-made and reasonably priced clothing, they determined that learning to make

clothing would be an appropriate parent involvement activity that could save individual families money and could lead to small business opportunities. They approached this task developmentally, beginning with basic sewing classes for parents, holding fashion shows that built self-esteem and broadened the base of interest, and selling clothing to other Head Start parents and, then, the general community. Several Head Start parents then established a clothing business, selling goods to the community and hiring other Head Start parents as employees (Washington & Greene, in press).

Herr and Halpern (1991) argue that the rules and requirements of the JOBS welfare-to-work program should be interpreted more broadly so that parent involvement activities like volunteering in a Head Start classroom and attending workshops could count as justifiable parts of their welfare-to-work program. This would allow Head Start parent involvement activities to be integrated into the JOBS program as a legitimate step on the pathway to self-sufficiency. To accomplish this, two things would be required: a revision of the Head Start Performance Standards, and closer coordination at the federal level between the Administration on Children, Youth and Families (The Head Start Bureau) and the Office of Family Assistance (the JOBS program).

The Parent Involvement and Social Service components of the Head Start Performance Standards would have to be revised to incorporate a fully elaborated developmental approach to parent involvement that identifies economic self-sufficiency as a major goal. We recommend the inclusion of guidelines for conceptualizing parent involvement activities and experiences that delineate the dimensions of initiative and skill. The ladder framework that Herr and Halpern (chapter 6, this volume) are developing as a means of implementing parent involvement in a two-generation Head Start program should also inform the revision of the performance standards.

Efforts to coordinate Head Start and the JOBS program began in 1990, when a special task force was convened for this purpose. Even stronger collaboration was established in 1991 when both departments were placed within the same division—the Administration on Children and Families—and ACF issued an information memorandum outlining ways in which local Head Start and JOBS programs could coordinate their services. The memorandum focused on three areas: developing Head Start as a training and employment site for JOBS participants; facilitating the participation of Head Start parents in the JOBS program; and

promoting the creation of "wrap-around child care arrangements, in which extended-day child care is provided through a combination of the Head Start day and JOBS-supported child care" (Horn, in press). Unfortunately, these early collaborative efforts have not been as successful as anticipated. Barriers include the difference in culture and mission between Head Start and the JOBS program and procedural and policy barriers such as differences in hours and months of operation and different funding mechanisms (Horn, in press). In spite of these difficulties, a number of local Head Starts are collaborating with the JOBS program and, in fact, are receiving JOBS funding for services to parents. Continued federal and regional leadership is needed to assist more Head Start programs in efforts to coordinate services and funding with JOBS.

Although we have emphasized the important role parent involvement may have in promoting self-sufficiency by building skills, parent involvement in Head Start offers much more—as a route to supporting children's development, to empowering parents, and to building strong relationships between parents and Head Start staff (Collins, 1993; Green, in press). Parents' participation in their children's education and development is a cornerstone of the program and should not be lost as parents become involved in job training and education programs. Alternative ways to participate must be developed, including home activities for parents and children, more telephone conferences, and evening and weekend contacts. A Head Start in Pennsylvania created an innovative way to ensure that parents would continue to participate in the Head Start program while engaged in job training. In a joint collaboration with a local day care center, they established a child care site at the training center where parents are able to volunteer and take courses under one roof, while their children receive seamless child care services (Washington & Greene, in press).

In reconceptualizing Head Start as a two-generation program in today's political context, the involvement of parents in all aspects of program planning and implementation—a process Head Start calls "empowerment"—should not be lost. This cornerstone of Head Start has contributed to its position as a trusted institution in low-income communities. A great deal of Head Start's success and longevity comes from parents' ownership of their local programs. Moreover, the program's provision of empowerment activities has protected it from becoming an intervention oriented to parental and family deficits. Revising

the Head Start Performance Standards to include more specific objectives and guidelines for programming poses the potential danger of reducing the active role parents and the larger community can play in local Head Start programs. It is therefore critical that federal guidance continue to strongly promote the grassroots, community-involvement aspect of Head Start.

Finally, we would like to make the observation that strong parent involvement will make Head Start an even better home for a two-generation intervention. As Herr and Halpern (1991) suggest, a supportive, caring relationship between service providers and program participants provides the foundation for helping people move from welfare dependency to economic self-sufficiency. To the extent that parents are intimately involved in Head Start, working in collaboration with program staff, this relationship will be enhanced, and support for parents' work-related goals as well as their roles as parents will be strengthened.

CONCLUSION

Today, typical Head Start programs around the country have in their mandate many of the goals and service elements that comprise a two-generation intervention strategy. However, there are two types of limitations that have hindered Head Start's effectiveness as a two-generation program. First, some aspects of this strategy are not adequately developed. For example, more detailed guidelines for establishing self-sufficiency goals with parents are needed, along with smaller caseloads, to allow social service staff to link parents to self-sufficiency services and support their active participation. The second type of limitation involves aspects of the two-generation strategy that are missing from the program. These include (a) a lack of full-day child care services; (b) the typical one-year duration of the intervention; (c) a lack of training of social service staff to address issues of employment readiness, substance use, family planning, and mental health; and (c) inadequate services for infants and toddlers.

By redressing many of these limitations, the Head Start demonstration models are more fully realizing the two-generation approach. We hope that policymakers and others interested

in the ongoing improvement of Head Start will thoroughly scrutinize the results of the demonstration projects and incorporate those aspects that seem most promising into mainstream Head Start programs so that all Head Start families can receive stronger two-generation supports. We would caution, however, that the two-generation strategy, as currently articulated, does not effectively define important aspects of parent involvement that always have been at the heart of Head Start. We strongly endorse the National Head Start Association's position paper that underscores the critical role that parents should play in Head Start (National Head Start Association, 1988). Parent involvement—as a source of support, as skill development, and especially as empowerment—should form the core of *all* early interventions and any two-generation program strategy.

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6

Bridging the Worlds of Head Start and Welfare-to-Work: Building a Two-Generation Self-Sufficiency Program from the Ground Up*

Toby Herr
Robert Halpern
with
Ria Majeske

* This chapter is adapted from a report prepared for the U.S. Department of Health and Human Services, Office of Community Services, Demonstration Partnership Program. The reader should be aware that this project is still evolving. The chapter reflects what was learned during the first year of implementation.

There are many people, agencies, and foundations that have already played an important role. Special acknowledgment and appreciation goes to the staff of the demonstration Head Start program and Project Match staff, particularly Warrine Pace and Rachel Woolley. Kevin Hannaway of the Chicago Department of Human Services has helped to make this collaboration a real partnership. We are indebted to *The Joyce Foundation* and the *Woods Fund of Chicago* for providing us with the funds to make the Head Start demonstration part of a larger policy and programming development effort.

Finally, it is our hope that the families of the demonstration Head Start are benefiting from this project—that it is helping them find their own unique pathways toward economic independence and is giving them increasing optimism for the future.

INTRODUCTION

BACKGROUND TO THE DEMONSTRATION

Parent participation has been a hallmark of the Head Start program from its inception nearly thirty years ago. Among the story lines that have been used to defend and promote the program, one of the strongest is that of the long-term welfare recipient who uses her participation as a volunteer, policy council member, or part-time aide as a launching pad to full-time employment and independence from the welfare system. For example, Stanfield (1994, p. 364), in a recent article questioning the role Head Start will play in welfare reform, describes the story of one Head Start parent, Diane Herbert, who had been a drug abuser at the time her third child entered Head Start in 1988:

> At first, she said, she was too frightened and dispirited to take part. But the patient staff of the local Head Start center welcomed her . . . and gradually encouraged her to volunteer. . . . These days, Herbert is one of her state's most prominent boosters of Head Start. She has been drug-free for five years. She lives in her own home in a quiet neighborhood of Woburn and attends college.

Yet this pattern of events is far more the exception than the rule, in spite of the apparent potential of Head Start as a two-generation program. For one thing, the Head Start culture has always been ambivalent about the idea of pushing parents into the workforce (Baker, 1990). In addition, though Head Start has both mandates and resources to involve parents in a variety of dimensions of program life, and parents are required to volunteer a certain number of hours each month, the parent involvement component of Head Start has remained among the least carefully conceptualized and implemented. Finally, some Head Start proponents in Washington and elsewhere are wary of the Head Start program becoming too closely tied to welfare reform, seeing the potential for new costs to be added to the program, or for poaching on new Head Start resources targeted at quality improvement.

In this chapter the authors describe an approach to helping Head Start achieve its two-generation potential that addresses

these concerns. This approach is currently being tested in a demonstration program (Step Up) funded by the U.S. Department of Health and Human Services and located at a Head Start program in Chicago's Cabrini-Green public housing development. The approach draws on and is linked to Project Match, a welfare-to-work program directed by the first author that itself started life nine years ago as a demonstration project funded by the Illinois Department of Public Aid.

About Project Match

Since 1985 Project Match has operated as an "urban lab" committed to working with people unlikely to succeed in the job market on their own. Its mission is twofold: (a) to provide long-term assistance to welfare-dependent families as they move through multiple career stages toward economic independence, and (b) to document and disseminate lessons learned about effective welfare-to-work strategies and about the process of leaving welfare.

To date, the program has worked with more than 800 residents of the Cabrini-Green community in Chicago, one of the most economically disadvantaged areas in the country. Almost all participants are African-American (99%); 77% are female, and the majority are unmarried. Only 55% of participants came into the program with any work experience and more than half (58%) grew up in homes supported by welfare.

The programmatic flexibility and operational independence of Project Match have allowed it to adopt a truly experimental approach—developing, testing, and refining strategies that seem promising, while eliminating those that prove ineffective. Linked to and feeding into its inductive approach to model development is an inductive approach to conceptualizing the process of leaving welfare. Instead of presuming that it knows what people need to get off welfare, Project Match studies its participants' career histories month by month. From this process the Project Match model, with its commitment to individualized services, as-needed assistance, and incremental progress, has evolved. The key features of the Project Match model are listed in Table 6–1.

TABLE 6–1

KEY FEATURES OF THE PROJECT MATCH MODEL

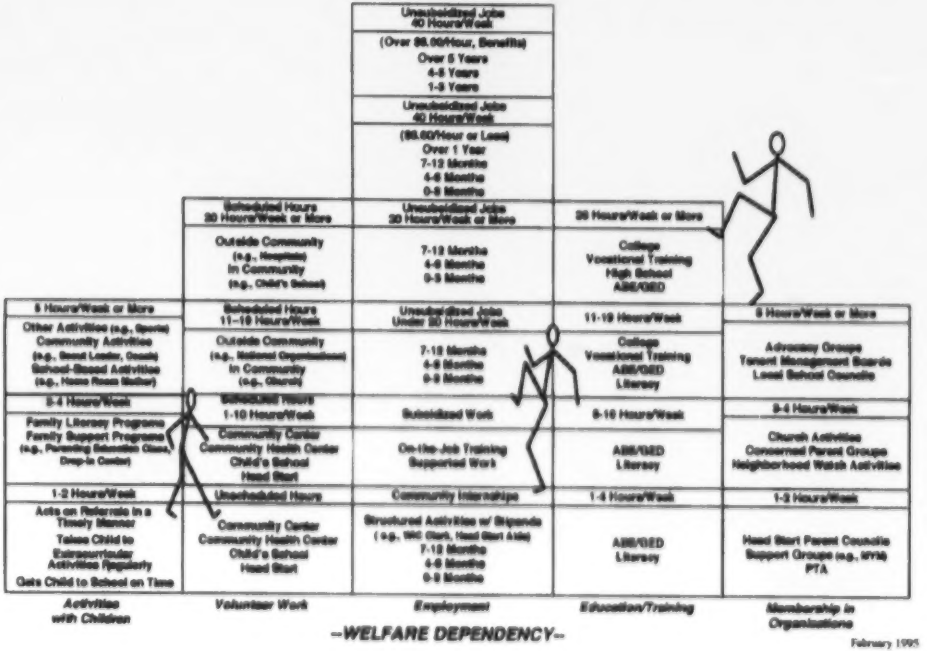
- A focus on the welfare-to-work transition within a framework that allows staff to work with the *full range of participants'* concerns and to involve other members of participants' families.
- An emphasis on *brokering services* (that is, linking participants with existing programs and services rather than creating subsidized jobs or new programs).
- *Assessment* and goal setting as an *ongoing process.*
- Extensive *job development* (locating jobs for participants).
- *Postplacement follow-up* support to monitor progress after participants are placed in educational programs or employment.
- *Help with transitions* from one career step to another (for example, help in finding a job after completing a training program or becoming reemployed after losing a job).
- Establishment and maintenance of an active, flexible, and *trusting relationship* with participants for as long as necessary.
- *Month-by-month tracking* of participants' placement and status changes over a period of years.
- Participants' progress conceptualized as and measured against realistic, *incremental milestones.*
- *Public recognition* of participants' achievement of such milestones through newsletters, parties, certificates, and bulletin boards.

Overview of Step Up

The Step Up demonstration represents an effort to broaden Head Start so it can function and be viewed as a base for helping the most disadvantaged AFDC recipients move toward economic self-sufficiency and more complete social participation. We specifically designed the Step Up demonstration to test and make operational a set of principles for helping people leave welfare. In the monograph where we originally discussed these principles (Herr & Halpern, 1991), we developed a visual metaphor called the "Incremental Ladder to Economic Independence" (see Figure 6–1).[1] The ladder reflects lessons learned at Project Match in our work with hundreds of participants over several years. Our overarching finding was that for many people, leaving welfare is not an *event* (simply getting a job), but rather a long and difficult

[1] The ladder developed for activities within Head Start, discussed later in this chapter, represents an expansion of the lower steps on this ladder.

FIGURE 6-1 INCREMENTAL LADDER TO ECONOMIC INDEPENDENCE



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process that involves false starts, setbacks, and incremental gains. The specific lessons and principles built into the ladder include:

- that people will take *multiple routes* out of welfare dependency (move from school to work, work to school, volunteer work to paid work);
- that there must be a *continuum of activities* that "count" in order for a person to step onto the ladder at a point that is not so high that she falls off but is high enough so that it represents a competency not yet mastered;
- that people should be *recognized for achievement of incremental milestones;*
- that many parents will need *help to move from one career step to the next* (help to move from Head Start volunteer work to paid employment);
- that the *time frame* for leaving AFDC must be *flexible;* and
- that it is important to embed the process of leaving welfare in a *social contract* that both reflects societal expectations and is sensitive to individual recipients' past experiences, abilities, and personal situations.

Implicit in the ladder is a set of assumptions challenging such typical employment and training programs as JOBS (Job Opportunities and Basic Skills, the centerpiece of the Family Support Act of 1985) and JTPA (Job Training Partnership Act). These assumptions depart from the traditional welfare-to-work approach in two fundamental ways. First, the ladder broadens the array of activities viewed as legitimate steps toward economic independence. For the most part, the traditional, self-sufficiency activities of education (such as the GED program), training, and work comprise the top half of the ladder—the upper rungs—while the less traditional and less structured activities a person is likely to perform in her role as a parent or a community member, such as volunteering in her child's Head Start classroom or serving on a tenant management advisory board, constitute the bottom half of the ladder—the lower rungs.[2]

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[2] Parent involvement as an organized activity in programs such as Head Start is neither cited among the range of approved activities under JOBS nor fits within the conceptual structure of most welfare-to-work schemes. There are categories of approved activities within JOBS, however, under which aspects of parent

A second dimension of the ladder that challenges current practices is the use of gradually increasing time commitments. Regulations under JOBS require states to show an average 20-hour per week participation level to receive maximum federal reimbursement. This requirement has led most states to seek 20-hour per week commitments from JOBS participants. In our reconceptualized ladder to economic independence, however, a person can begin with four hours of participation and work her way up to 20 hours. The broadened array of activities that count, coupled with the flexibility around time commitments, signals a new approach to getting and keeping people on a career track to economic independence. Thus, one parent might begin the journey out of welfare dependency by volunteering at a Head Start program for 15 hours per week, another by attending a GED class for only two hours per week.

THE STEP UP DEMONSTRATION: WORK IN PROGRESS

The overarching task of the Step Up demonstration is to develop and test, for the first time, a full progression of steps toward economic independence within one human service program.[3] Project Match had already developed the procedures and systems for supporting individuals' efforts to remain on the upper rungs of the ladder (in school or at work). Therefore, the implementa-

involvement could be made to fit (e.g., Alternative Work Experience), but this practice would need approval and promotion by the Department of Health and Human Services (DHHS). To date, staff of DHHS cannot identify states where participation in Head Start programs is counted.

[3] Based on the lessons learned from Project Match, we had two options for bringing the lower rungs of the ladder into existence. One was to use the Project Match service site and to expand the network of community institutions and settings that Project Match counselors work with to develop placements (e.g., Head Start programs, housing developments, family support programs). We chose instead to "move" the Project Match model to a Head Start setting where a set of recognized lower-rung activities already existed, albeit one that was unexploited, and that was already part of a large national program. Knowing the challenges we had faced in developing the Project Match model *outside* of a large public system (i.e., the welfare system) and then trying to move it inside, we felt that the likelihood of institutionalization would be greater if the model were developed within the parameters of an existing system.

tion tasks related to the upper rungs of the ladder in this Head Start demonstration have been straightforward, the primary one being:

- Identifying Head Start parents who are interested in being linked to the upper-rung activities of school and work, and providing them with the placement, follow-up, and "help with transition" services provided by Project Match.

Because we addressed only upper-rung activities at Project Match, this demonstration presents us with our first opportunity for developing and operationalizing the lower rungs of the ladder in one particular setting, a Head Start program. A key goal of this project will be to create a ladder toward economic independence within Head Start, the main feature of which will be the parent involvement component of the Head Start program. This involves a number of conceptual and practical challenges, including:

- Identifying relevant existing activities, creating additional ones, and organizing both into a progression with increasing time commitments and difficulty;
- Determining how to include in this progression various parental responsibilities related to the Head Start program; and
- Making sure this progression becomes a formal element of the demonstration Head Start (recognized by the staff and parents as a legitimate and relevant set of tasks), and developing the mechanisms (routines, procedures, protocols, and record keeping systems) for moving the majority of Head Start parents who do not come forward for upper-rung activities on a path toward economic independence.

In the following sections we discuss: (a) the implementation of the upper rungs of the ladder in the Head Start setting, (b) the development of the ladder's lower rungs, which engage the parent in activities within Head Start; (c) the translation of practices developed in the Step Up demonstration into the policy and program framework used by the welfare system, such as recruitment, assessment, and placement; and (d) strategies for keeping parents on the ladder and moving toward the goal of self-sufficiency.

IDENTIFYING PARENTS FOR LINKAGE TO EMPLOYABILITY ACTIVITIES OUTSIDE THE HEAD START SETTING (UPPER RUNGS)

As we noted at the outset, others have found that the difference in mission and world view between programs that focus on the family (such as Head Start and family support programs) and welfare-to-work programs creates obstacles to their integration. This difference has not been a problem in the demonstration project. At a philosophical level, the demonstration Head Start staff are committed to moving parents "up the ladder to economic independence." Nonetheless, there are still important implementation issues we are wrestling with around the upper rungs of the ladder. From the beginning, we did not expect the education, training, and employment-related rungs of the ladder to change much from setting to setting; we had carefully worked these through as part of our research at Project Match over the past several years (unlike the lower-rung activities within the Head Start program, which have not been developed and are likely to require considerable reconceptualization in each new physical setting). It was not clear, however, how we would integrate the "Project Match linkage services" (the upper-rung services) into the Head Start demonstration site. Specifically, how would we identify which parents were interested in being linked to self-sufficiency activities *outside* the Head Start setting? Who would be the primary case manager—the Step Up counselor or the Head Start parent involvement coordinator—for parents who prove to have been inappropriately placed in the upper-rung activities? (The Step Up counselor assists those who are ready for involvement in activities outside Head Start, such as school or work.)

RECRUITMENT AND ASSESSMENT: DEVELOPING A STRATEGY FOR IDENTIFYING PARENTS WHO WANT TO BE LINKED TO SCHOOL AND/OR WORK

Recruitment

Implicit in decisions about recruitment into the upper-rung component of the project were questions relating to which parents would be targeted for participation and how they would be

recruited. Project Match brought its basic philosophy about recruitment to this Head Start demonstration, at least as it relates to the Outside Head Start (upper rungs) component: that is, the belief that people are more likely to succeed in an activity if they see it as relevant to their lives and as part of a mutually agreed upon plan, in contrast to one imposed on them by someone else—for example, a caseworker. It is important to emphasize that participation in this project, whether in the upper or the lower rungs, ultimately is voluntary. Federal Head Start regulations prevent the exclusion of a child from a Head Start program because a parent fails to participate. Nonetheless, in designing this project we have been acting with the idea that at some point in the future Head Start parent involvement will be one approved activity in a reformed welfare system.

Since parents had to be introduced to the Step Up program before word of mouth recruitment could operate, our initial strategy was the special kickoff event, which took place on February 28, 1993. A primary goal of this event was to alert parents who might be interested in finding out about a new, on-site program that could link them with educational programs and jobs.

This meant that our initial recruitment strategy for Step Up represented a combination of (a) thoughtful "marketing" of the new self-sufficiency services to the Head Start parents, and (b) the natural phenomenon of self-selection, with those who were most motivated opting to participate. Only 28 parents (from a total of 98) attended the kickoff event, but the Head Start staff felt that was a good turnout. Most of those parents actually enrolled in Step Up, and the Head Start staff made a special effort, during the remaining months of the 1992–93 school year, to walk other parents over to meet the Step Up counselor and get going. By the end of the Head Start program's school year, June 30, 1993, a total of 47 parents had actually completed the Step Up application. This subgroup of Head Start parents was then considered enrolled in the Outside Head Start (upper rungs) component of Step Up.

We are still working through the procedures for recruitment into the upper rungs. But with the availability of a range of new activities at the demonstration Head Start site in which parents can now participate (discussed in a later section), we are better able to observe parents' varying capabilities and make informed decisions about who should be recruited into the upper rungs.

Assessment and Initial Placement

In the context of welfare-to-work policy and programming, the word "assessment" encompasses questions related to sequencing (Should a particular parent begin with school, work, or job readiness?); what and how much information will be used to make the decision (standardized tests? a career inventory?); and who will make the decision (a caseworker alone? the parent and caseworker together?). At Project Match, unlike most other welfare-to-work programs, we do not attach much importance to an initial career assessment. We know that easily measured characteristics, such as basic skill levels and years of education, are not reliable predictors of readiness for work (Sherwood & Auspos, 1992). In addition, it is only after a counselor has had the opportunity to work with and learn about participants over time that any meaningful assessment can occur. This sustained relationship allows the parent's sense of trust to develop and gives the counselor a chance to learn more fully about how the parent interviews for a job, what kinds of problems she experiences at school or work, and other similar information. Finally, in a program where participation is voluntary, most of the people who request services know what they want to do, at least initially. For these reasons we do not perform an in-depth assessment (testing or career inventories) up front. To some extent, initial participants place themselves.

In this section we present some initial placement information on the first group of 47 Head Start parents to work with the Step Up counselor between March and September 1993. These were parents who felt that they were ready to get involved in more traditional welfare-to-work activities outside of the Head Start, such as vocational training or employment. Table 6–2 outlines the initial placement for these parents. At that time, 28 (60%) of these parents were considered active in the upper-rung component. Eight of them had, in fact, obtained placement in school, work, or volunteer positions *outside* Head Start *before* enrolling in Step Up. Fifteen obtained an *initial placement* through their work with the Step Up counselor.

For some, this initial placement was straightforward—parents needed only the name and address of a GED program and carfare, or maybe a résumé and a few job leads, before going to school or work. For others, however, the Step Up counselor had to expend a great deal of effort, for example, having to set up seven or eight interviews before a parent was hired. The final five parents are

TABLE 6–2

PLACEMENT STATUS OF THE 47 ORIGINAL ENROLLEES IN THE UPPER-RUNG COMPONENT

Upper-Rung Placements (*outside* Head Start)		28
• Prior Placements (i.e., already placed in work or school upon entry to Step Up)	8	
Enrolled in GED program (1)		
Enrolled in training programs (2)		
Obtained employment (3)		
Volunteering *outside* Head Start (2)		
• Initial Placements (i.e., placed in work or school after enrolling in Step Up)	15	
Enrolled in GED program (5)		
Obtained employment (10)		
• Not Placed: still working with Step Up counselor	5	
Lower-Rung Placements (*within* Head Start)		7
• Prior Placements:		
Actively volunteering *at* Head Start (7)		
Never Placed in Upper- or Lower-Rung Activity		12

not yet placed and are still working with the Step Up counselor to find work or enroll in school.

Of the remaining 19 parents who initially enrolled in the upper-rung component, seven parents proved not ready to commit to work or school but instead are actively volunteering at the Head Start site. With the Step Up counselor on site, it will be easier for them, when they are ready, to make the transition from lower-rung to upper-rung activities. The final 12 parents were never placed and as of September 1993 were *neither* regularly participating at the demonstration Head Start *nor* actively working with the Step Up counselor. There are two reasons why parents might fall into this last group. First, some parents' children graduated from the demonstration Head Start in June 1993. Although we offered to continue providing services to the parents at the Project Match site a few blocks away, some parents declined the offer. Second, some parents did not re-enroll their children in the demonstration Head Start for the 1993–94 school

year. If parents had had a longer time to establish a relationship with the Step Up counselor, our experience at Project Match suggests that some of these parents would have continued to work with her after leaving the Head Start program.

Retention, Re-placement, and Help with Transition

From our experiences at Project Match as well as those of other welfare-to-work programs, we know that the majority of AFDC recipients will falter or stumble as they take their first steps off welfare.[4] That is why we built the provision of help *after* the initial placement into the program model. In this demonstration it means that the Step Up counselor will be available after the parents go to school or work to provide the kinds of supports that can help them (a) keep their jobs or complete educational programs (retention assistance), (b) become re-employed or re-enrolled in school if they lose their jobs or drop out of education programs (re-placement assistance), and (c) get the help they need to move from one career step to the next, such as movement from completion of training to work or from Head Start volunteering to work (help with transition).

Table 6–3 answers the question: What happened to those 23 people who enrolled in the upper-rung component between March and September 1993 and either were placed prior to enrollment and wanted ongoing assistance from the Step Up counselor, or were found placements after enrolling in Step Up.

In providing retention assistance, the Step Up counselor tries to check in monthly both with each Head Start parent who has been placed and with her employer or appropriate school personnel to troubleshoot and resolve problems before they result in termination or withdrawal. We anticipate that some of these parents, while having difficulty succeeding in school or work, will remain in the upper-rung activities—that, in fact, they are appropriate initial steps off welfare. For others, it will be

[4] In 1986 Project Match began to publicize its finding that helping people keep jobs presented a greater challenge than helping them find initial jobs. Sixty percent of Project Match participants were no longer working at their first jobs six months after obtaining them (Berg, Olson, & Conrad, undated). In recent years national studies have begun to highlight the problem of job turnover for the AFDC population at large. For example, data from JOBS programs around the country suggest that 30% to 40% of individuals leaving AFDC via employment appear to lose their jobs within six months (Greenberg, 1992).

TABLE 6–3

FOLLOW-UP STATUS OF THE 23 UPPER-RUNG PLACEMENTS AT SIX MONTHS AFTER ENROLLMENT

Placed Prior to Enrollment	8
Still in prior placement, receiving retention support (2)	
Still in prior placement, not needing retention support (2)	
Left prior placement, reassessed, re-placed, receiving retention support (3)	
Left prior placement, reassessed, not yet re-placed (1)	
Obtained Initial Placements as New Enrollees	15
Still in initial placement, receiving retention support (7)	
Left initial placement, reassessed, re-placed, receiving retention support (1)	
Left initial placement, reassessed, not yet re-placed (3)	
Left initial placement, not yet reassessed or re-placed (4)	

determined that their placements in school or work were too big a first step and that more appropriate and manageable launching experiences will be found *within* Head Start.

THE "WITHIN HEAD START" LADDER CONTINUES TO EVOLVE

Step Up is designed to ladderize parent involvement at a specific Head Start program, and through that to create the parameters for a generic "Within Head Start" ladder of lower-rung activities for use by other Head Start programs. That has meant trying to strike a balance between the particulars of the demonstration program and the more general Head Start framework for parent involvement. The Outside Head Start (upper rungs) component is not going to change very much from setting to setting and system to system when self-sufficiency is the goal. As will be seen on the following pages, it is the Within Head Start (lower rungs) component that will require the most reconceptualization with each new program and community setting.

IDENTIFYING THE GENERIC DIMENSIONS OF THE WITHIN HEAD START LADDER

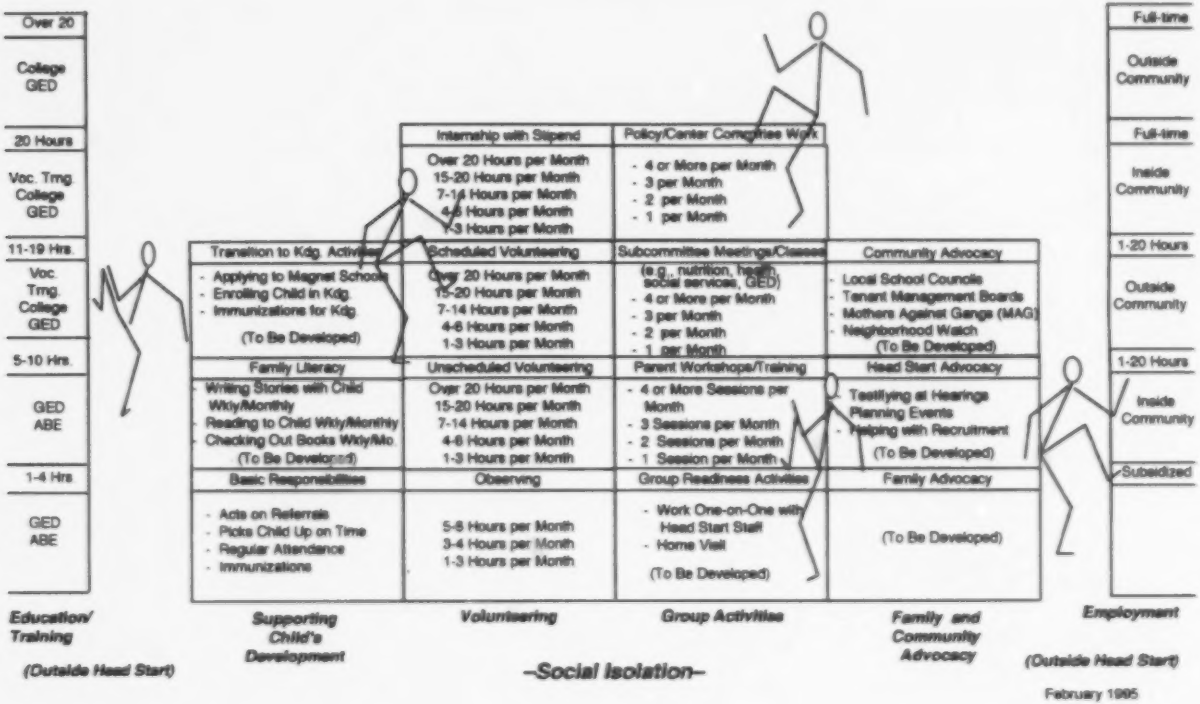
The structure and principles built into the ladder—such principles as gradually increasing time commitments and finding an appropriate step for every person—provided the framework and rules for building the Within Head Start ladder. These principles, however, provided only a starting point. Next we had to work with the Head Start staff to flesh out the content of the various activities within Head Start and juggle the hierarchical relationships of these activities. We knew that the Within Head Start ladder had to provide a broad enough array of activities and flexible enough time commitments that (a) the Head Start staff could expect *every Head Start parent* to climb onto the ladder with a likelihood of success, and (b) once a person was comfortably situated on the ladder, she could *keep climbing*, no matter how incremental the movement.

We also knew that in order for our Within Head Start ladder to prepare parents for employment outside of Head Start and the community, the Head Start setting had to mimic the world of work—that is, the structures and regimens of the real work world had to be in place, including regular attendance, punctuality, training, supervision, high performance standards, and ramifications for poor performance.

For example, we had to figure out how to organize and break down the volunteering activities in a way that would create a progression of increasingly work-like demands. Initially we focused on time commitment as the organizing principle—that is, the more hours a parent volunteered, the higher on the ladder she was placed. However, as we continued to think about the way in which we could use volunteering to build workplace skills, we saw that the number of hours a parent is able to volunteer is only one dimension of job readiness. An even more important dimension is her ability to make a commitment to a volunteer schedule and adhere to it. That is why on the Within Head Start ladder we have placed *scheduled* volunteering on a higher rung than *unscheduled* volunteering (see Figure 6–2).

As noted earlier, one purpose of this demonstration is to develop materials that can be easily adapted to the universe of Head Start programs. For that reason, when we developed the Within Head Start demonstration ladder we attempted to reflect the national Head Start goals for parent involvement. That is

FIGURE 6-2 WITHIN HEAD START INCREMENTAL LADDER TOWARD ECONOMIC INDEPENDENCE



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why we built the Community and Advocacy columns into the ladder (see Kracke, 1993).

PARENT INVOLVEMENT DATA HELP TO SHAPE THE LADDER

The parent involvement information that all Head Start programs are required to keep became an important early tool for identifying appropriate steps and activities on the Within Head Start ladder. The demonstration Head Start staff had a twofold expectation of parents around parent involvement (though it was not uniformly made known to the parents). Parents were expected (a) to volunteer a minimum of six hours per month at the Head Start site, and (b) to attend at least two of the weekly Friday meetings each month. If, in fact, the majority of parents had met this expectation, one would conclude that it was an appropriate first step for each parent. Further, if parents' involvement had increased over the year either in terms of hours or of responsibility, one would conclude that there were systems in place to ensure that parents were growing in their role as parents or potential workers.

As part of the effort to develop the Within Head Start ladder, Project Match staff analyzed parent involvement data from the 1992–93 school year. These data came from the official sign-in sheets used for reports to the Head Start's delegate agency, the City of Chicago Department of Human Services. We learned that less than 15% of the parents at the demonstration site had met the obligation of volunteering six hours per month and less than 10% had met the obligation of attending two parent meetings a month over the course of the 1992–93 school year.

In spite of their limitations the data helped us see that the existing parent involvement at the demonstration site was *too undifferentiated* (the categories for participation were too global) and *too limited* (there was an insufficient variety of activities to hook parents with different interests and capacities). It seemed impossible to implement the ladder principles at this Head Start site within the framework of existing practices. Specifically, the participation data suggest that there were insufficient initial steps for parents who apparently were not ready to meet the Head Start staff's expectation of six hours of volunteer work and

attendance at two parent meetings per month. That is why one of the first tasks tackled was that of differentiating and broadening the volunteering category of the ladder.

At this point the major categories that we think are relevant to the Within Head Start (lower rungs) component have stabilized. They include: (a) supporting the child's development, (b) volunteering, (c) individual/group activities, and (d) family and community advocacy. (See Figure 6–2.) The hierarchies within these categories have also achieved a level of stability, especially those in the first two categories. However, the same kind of refinement that was necessary for the first two categories must still be achieved with the remaining two.

OPERATIONALIZING THE "WITHIN HEAD START" LADDER (LOWER RUNGS)

In this section we describe the activities undertaken thus far to operationalize the *Within Head Start* ladder. Developing a ladder for a particular setting is a crucial but only a first step in creating the structures within human service programs that help move people toward self-sufficiency. Some of the activities that need to be included on a particular Head Start site's ladder might already be available and therefore readily accessible to parents. Other activities such as volunteering might be available, but still need to be restructured so that they can be experienced as a progression. And there might be need for development of some other new activities.

The focus of our work during the early months of the demonstration was on three principal tasks:

- Making sure that all of the lower-rung activities built into the ladder were actually available for parents (for example, family literacy programs and internships with stipends);
- Putting into place mechanisms for getting all Head Start parents onto the ladder; and
- Putting into place mechanisms for keeping parents moving up the ladder and for helping those who fell off get back on track as quickly as possible.

MAKING SURE THE HEAD START LADDER ACTIVITIES ARE AVAILABLE AT THE DEMONSTRATION SITE

Conceptualizing and designing the Within Head Start Ladder has only been half the battle. Equally important have been efforts to make sure all of the activities on the ladder are actually available at the program. Our discussion of what it is taking to get all the activities built into the ladder actually to operate at the demonstration site will entail further discussion of how and why the hierarchies are arranged as they are.

Supporting Child's Development

Current welfare-to-work policies push many parents who are high school dropouts into basic skills classes as a first step (Center on Budget and Policy Priorities, 1993). This has led to a high rate of failure at the outset of the journey off welfare, which is costly (for example, tuition, child care, and transportation) both to society and to the individual. In the past few years Project Match staff have observed that a relationship appears to exist between a person's capacity to move toward self-sufficiency and her capacity to fulfill parenting responsibilities: many of the parents who find it difficult to get to work on time are the same ones having difficulty getting their children to school regularly or on time. In addition, Head Start staff complained that for some parents, tardiness and failure to follow through on referrals were problems. Drawing on both observations, we decided to include a column on the Within Head Start ladder that focused on parental activities supporting children's development. This would allow us to field test the validity of the Project Match observation and, on a practical level, to begin to address the problems noted by the Head Start staff.

In conceptualizing this column it seemed logical and justifiable to focus on parental tasks that occur day in and day out, such as getting one's child to school on time, and, in some cases, to make improvement in these areas is the initial centerpiece of a parent's career plan. If punctuality is a general competency that, once acquired, is transferable to different settings, then using the Head Start setting as a training ground makes sense; with this new competency a person should be in a better position to succeed

in a work setting. Even if this new skill did not transfer, her child would minimally be better off. This *developmental approach* stands in contrast to current welfare-to-work practices where competencies related to parental functions are neither viewed as precursors to success on the job nor used as indicators of job readiness.

The *Supporting Child's Development* column on the ladder differs from the other columns in the Within Head Start ladder. The activities included on these steps are not normally identified with parent involvement at a Head Start program, and do not occur within the context of something that is organized and therefore easy to measure. Put another way, they are parental functions that have been viewed as routine or family maintenance rather than as indicators of social competence, individual growth, or job readiness (see Figure 6–3).

The first thing that Step Up staff did in building this part of the ladder was to identify various individual activities, some already operating and some that needed to be developed, relating directly to children's participation in Head Start or, more generally, to

FIGURE 6–3 SUPPORTING CHILD'S DEVELOPMENT

Transition to Kindergarten Activities
• Applying to Magnet Schools • Enrolling Child in Kindergarten • Immunizations for Kindergarten (To Be Developed)
Family Literacy
• Writing Stores with Child Weekly/Monthly • Reading to Child Weekly/Monthly • Checking Out Books Weekly/Monthly (To Be Developed)
Basic Responsibilities
• Acts on Referrals • Picks Child Up on Time • Regular Attendance • Immunizations

their healthy development. These activities were then organized loosely into a hierarchy and clustered in the top and bottom steps of the ladder by level of difficulty and effort required. The principle here is that even among activities that appear either unrelated or equal in the effort and capacity required, a progression can be created. As can be seen, the middle step is different than the other two in that it refers to a whole new component within Head Start—the Family Learning Center.

Lowest Step: Basic Responsibilities of Parents. The bottom step in the *Supporting Child's Development* column of the ladder has to do with the most basic obligations of a Head Start parent: activities that relate directly to her child's ability to participate fully in the Head Start experience. This step was included on the ladder because, as just explained, many parents were failing to meet basic parental responsibilities. Moreover, success in fulfilling these obligations provides an important foundation for further efforts related to the dual goals of healthy child development and the parent's attainment of self-sufficiency.

Middle Step: On-Site Family Learning Center. One activity on the Within Head Start ladder that had to be developed from scratch was an on-site Family Learning Center (the "FLC" or "Center"). This activity was chosen for two reasons: (a) the desire of the director of the demonstration Head Start to have a literacy program; and (b) Project Match staff's desire to put into place more organized activities from which the parents could choose, especially those that would directly support their children's education. The FLC is included in this column of the ladder (rather than on the *Individual/Group Activities* column) because, at least at this point, the primary activities available at the FLC include parents checking out children's library books, reading to their children, and completing the "Parent and Child Reading Diary."

The Parent and Child Reading Diary was piloted during the second quarter of the project. It was designed as an at-home activity that would ideally raise both the parent's and the child's literacy level and, minimally, increase their interest in the written word. The booklets include pages for parents to write the name of the book, the author, and the day the book was read to the child. On each page, seven general questions about the book are listed and the parent is to jot down the child's response to any two of the questions. Because of its success in engaging parents,

especially those who were not ordinarily involved at Head Start, the decision was made to use the diaries as a focus on the FLC, at least initially.

At the time of this writing the FLC is open one day a week. Its instructor, a retired classroom teacher from the demonstration Head Start, schedules each of the children's Head Start classes for a visit each week. Parents are invited to visit the Center at the same time as their children so they can take out books and receive help with the Parent and Child Reading Diary.

Top Step: Transition to Kindergarten Activities. The top step of the *Supporting Child's Development* column of the ladder involves activities a parent does to ensure that her child makes a successful transition to kindergarten. While this component has not yet been made operational, we envision that it will include such activities as making sure that the parent (a) has obtained proper documentation of her child's immunizations so that the child can be enrolled in kindergarten when the new school year begins, and (b) has explored options and taken the necessary steps to get her child enrolled in the best possible school (for example, in a magnet school).

Volunteering

Scheduled versus Unscheduled Volunteering. As noted earlier, one major focus of this project has been to transform the volunteer component at the demonstration site into a continuum of experiences that increasingly mimics the world of work. During the second quarter, a fundamental distinction was made between unscheduled volunteering and scheduled volunteering. In thinking about how participation at Head Start prepares a parent for work, it became clear that the parent who drops her child off at Head Start and decides to stay and do volunteer work for the morning and the parent who can commit and adhere to a regular schedule for volunteering are at different points in their journeys off welfare, even if the "unscheduled" parent volunteers for more hours. That is why the *Volunteering* column of the Within Head Start ladder shown in Figure 6–4 begins with unscheduled hours. As a parent advances as a volunteer, she will begin to commit to a monthly schedule.

FIGURE 6–4 VOLUNTEERING

Internship with Stipend
Over 20 Hours per Month 15–20 Hours per Month 7–14 Hours per Month 4–6 Hours per Month 1–3 Hours per Month
Scheduled Volunteering
Over 20 Hours per Month 15–20 Hours per Month 7–14 Hours per Month 4–6 Hours per Month 1–3 Hours per Month
Unscheduled Volunteering
Over 20 Hours per Month 15–20 Hours per Month 7–14 Hours per Month 4–6 Hours per Month 1–3 Hours per Month
Observing
5–6 Hours per Month 3–4 Hours per Month 1–3 Hours per Month

Volunteer Internship with Stipend. The top step of the *Volunteering* column is the newly created position of volunteer intern. The purpose of the internship is to offer a work-like experience for a particular group of parents at the Head Start site. The group includes parents who are not quite ready for work, due to limited skills or life situation or both, yet who have demonstrated some of the qualities required to keep a job, such as dependability and resourcefulness. For such parents, who may not be ready to leave the supportive setting of Head Start or who may wish to remain near their children, we have created stipend positions. Each

intern is being paid up to $75 per month out of the demonstration grant. (We chose $75 as the amount of the stipend because an AFDC recipient can earn up to $90 each month without a reduction in her grant.)

A great deal of thinking and work has gone into designing these internships to ensure that they provide a "real work" experience for the parents who obtain them. For example, an application and job descriptions were created for each position, record keeping systems were developed, and a performance manual was written. For this experiment to succeed, it was critical that the interns be given relevant tasks that appeared significantly different from the regular Head Start activities for which parents are not paid. As of November 1993, four parents were working as interns; their job title is "scheduling coordinator."[5]

Each of the scheduling coordinators is performing tasks that are integral to implementing the Within Head Start ladder. Some of these tasks include scheduling parents for volunteering, tracking the volunteering, and tracking the children's attendance and tardiness. These new systems will generate the information needed to get parents onto the right steps of the ladder and to keep them moving up the ladder.

Other Individual/Group Activities

The column of the ladder shown in Figure 6–5 contains all of the existing committee work and any other group activity at the demonstration site. As stated earlier, both this and the final column of the ladder, *Family and Community Advocacy*, have not yet been worked through, conceptually or practically, as the other two columns have been. The first step in the *Group Activities* column, "Group Readiness Activities," was included because there are some parents who are not ready, for a variety of reasons, including lack of confidence, to participate in one of the established Head Start group activities. Therefore, either home

[5] In contrast to the subsidized work experiences found within the welfare system, such as CWEP (Community Work Experience Program), which have not proven particularly effective in moving people into the work force, stipend positions created in community settings to which parents are already connected might provide more suitable job readiness experiences. These stipend positions can also be supervised without the high administrative costs of subsidized work managed by the welfare system.

FIGURE 6–5 GROUP ACTIVITIES

Policy/Center Committee Work
• 4 or More per Month • 3 per Month • 2 per Month • 1 per Month
Subcommittee Meetings/Classes
(e.g., nutrition, health, social services, GED) • 4 or More per Month • 3 per Month • 2 per Month • 1 per Month
Parent Workshops/Training
• 4 or More Sessions per Month • 3 Sessions per Month • 2 Sessions per Month • 1 Session per Month
Group Readiness Activities
• Work One-on-One with Head Start Staff • Home Visit (To Be Developed)

visits or informal one-on-one interactions with staff can become *official* activities that prepare certain parents for participation at Head Start.

Various types of group activities—workshops and training sessions, and participation on various policy and program planning committees—are included in the remaining steps of the column. (One of these group activities, an on-site GED class, was started at the Head Start site in September 1993. The Project Match GED instructor teaches the class one day each week for parents and staff who do not have high school diplomas.) Parents can advance within the *Group Activities* column by increasing the number of workshops or committee meetings they attend

(level of participation) or by taking on more responsibility. That is why the highest step in this column is reserved for parents who are elected as officers of committees (chair, for example, or secretary).

Family and Community Advocacy

This final column, shown in Figure 6–6, is included on the ladder because it reflects Head Start's national goals, and we wanted to ensure that the ladder was generic enough to be useful to the larger Head Start community. We have not yet focused Step Up program activities in this area; however, some examples of family and community advocacy might include participation on community advisory boards or lobbying for family-related legislation. Ultimately the steps in this column should reflect both activities relevant to the demonstration site and those that staff of the Head Start Bureau feel represent national goals for parent involvement.

FIGURE 6–6 FAMILY AND COMMUNITY ADVOCACY

Community Advocacy
• Local School Councils • Tenant Management Boards • Mothers Against Gangs (MAG) • Neighborhood Watch (To Be Developed)
Head Start Advocacy
• Testifying at Hearings • Planning Events • Helping with Recruitment (To Be Developed)
Family Advocacy
(To Be Developed)

Getting All Parents onto the Ladder, Keeping Them on, and Making Sure They Move up the Ladder: Building a New Welfare-to-Work Model

During the first year of the demonstration, Step Up staff concentrated on recruiting parents who were ready for school or work into the Outside Head Start (upper rungs) component. Since September 1993, the focus of the project has been to operationalize the Within Head Start (lower rungs) section of the ladder. This has meant (a) making sure that all of the activities built into the ladder are available (as detailed above), and (b) getting all parents not linked to school or work to participate at the demonstration Head Start. Having both the upper and lower rungs operating at a Head Start site where the majority of parents are receiving AFDC will allow us to test and refine a welfare-to-work model that is in many respects a unique response to the emerging emphasis on welfare as a transitional system.

The Clinton administration appears to be committed to this emphasis. Yet, among the many elements of the administration's reform proposals, the one that has been receiving the most attention is a time limit. Most programs that are being developed at the state level to operationalize the idea of welfare as transitional are driven by the assumption that if a time limit is imposed, this, in conjunction with a particular set of supports and subsidies (such as child support, tax credits, and child care), will push or pull people quickly and permanently into the labor force (albeit in some cases in a subsidized job). The other side of this equation is likely to be the creation of a large number of exemptions that might apply—for example, women with infants or those determined not to be "job ready." To a considerable extent, this likely corollary of time limits undermines the whole notion of a transitional system for all welfare recipients. Equally important, the end result of a time-limited system, particularly a two-year system, is likely to be the increasing isolation and social neglect of the small subgroup of AFDC recipients who are probably never going to hold stable jobs, but who could, in the context of realistic expectations and meaningful supports, improve their own and their children's lives in other ways.

In contrast, the model we are developing in this demonstration emphasizes the ideas that (a) everyone on AFDC (without excep-

tion) can and should be considered actively engaged in the interrelated processes of leaving welfare and improving her family's lives, and (b) these processes are understood to occur within a flexible time frame due to both personal and labor market factors (Lynn, 1993). We refer to this approach as the "Incremental Ladder" model. Underlying this model is the idea that activities not normally viewed as legitimate welfare-to-work placements can be pulled into the policy framework and used as stepping stones and indicators of effort to move toward economic independence when certain conditions are met: (a) that these activities can be made discrete and measurable, (b) that they can be placed into a progression of increasingly work-like demands, and (c) that they involve a skill or competency that the person is still striving to master. As articulated throughout this chapter, also underlying this model is the requirement that there be in place the capacity to provide ongoing assistance in order to recognize incremental progress and keep the person moving from one career step to the next.[6]

Getting All Parents onto the Ladder: Recruitment, Assessment, and Initial Placement

In order for lower-rung activities at a Head Start setting to become part of welfare-to-work, a critical task will be to demonstrate to the welfare policy and programming world that the kinds of activities found in the lower rungs—those that are more informal and open-ended—can fit the more discrete and organized welfare program regulations. Terms such as *recruitment*, *assessment*, and *placement* carry precise meanings for government supported welfare-to-work programs; they are commonly used in Request for Proposals (RFPs) and contracts to describe services and outcomes. An additional reason for using the same terminology is that an important goal of this project is to create the same kind of case management process (a particular sequence of services and supports) for the lower rungs as for the upper rungs.

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[6] If a broader range of activities can count, that potentially brings a broader range of institutions interacting regularly with AFDC families into the service of helping people leave welfare. Just as in this demonstration we are figuring out how Head Start might be reorganized to play a role, this same kind of program development will have to occur in other settings, such as family support programs and housing developments.

On the following pages we make a first attempt at translating Head Start parent involvement activities, as modified in this demonstration, into the language and activities of the welfare-to-work system. The discussion is organized around the three principal welfare-to-work terms: *recruitment*, which involves all of our efforts to get parents *not yet* involved in upper-rung activities to participate in lower-rung activities at the Head Start; *assessment*, which means figuring out a system for determining the best first step for each parent; and *initial placement*, which refers to the first legitimate welfare-to-work activity in which a parent participates as a Head Start parent.

Recruitment. The director of the demonstration Head Start is committed to the notion that all parents must be "doing something meaningful" to move toward self-sufficiency. Head Start staff have always maintained the expectation that parents volunteer six hours each month and attend two parent meetings, though data reported earlier indicate that this expectation has not been met. Perhaps that is because there are no formal strategies and systems in place for recruiting parents into Head Start activities. Another reason might be that the expectation itself, in order to be more meaningful to the parents, needs to be embedded in the broader framework of self-sufficiency.

Much of the work done with this project to date has laid the groundwork for making the expectation that every Head Start parent be involved in activities representing movement toward self-sufficiency an achievable goal. Now parents will have more activities—such as GED classes and the paid internship—available to them at the Head Start site for building the prerequisite skills for employability. But, as with the upper-rung activities described earlier, developing strategies for recruiting parents into these lower-rung activities at Head Start is not an easy task.

The new scheduling and follow-up procedures, in place as of September 1993, constitute a key element of the recruitment strategy (as well as other major support services—placement, retention, re-placement). The procedures are operating as follows: The four scheduling coordinators (the parent interns described above) are stationed at the doors of the Head Start classrooms each morning and afternoon at the start and close of the half-day sessions. They make contact with parents as they drop their children off and pick them up each day. They explain the expectations and options for volunteering to each parent,

sign the parent up on a large scheduling chart, and give the parent a reminder card listing the dates in that month for which she is scheduled to volunteer. The scheduling coordinators also send reminder notes home with children on the day before each parent is scheduled to volunteer, and send a follow-up note home if the parent fails to appear, asking her to reschedule. Finally, the scheduling coordinators sign parents up for the GED class and track the timeliness with which children are brought to school and picked up.

Assessment and Initial Placement. Earlier we discussed some of the difficulties in making the initial assessment of people being linked to upper-rung activities. While these same issues also apply to initial assessments for those being linked to lower-rung activities, we noted one interesting difference between the two groups. For the Outside Head Start activities, typically the more difficult part of the decision that has to be made jointly by the parent and the counselor is determining what the parent wants to do (GED class or a job), rather than how many hours the parent wants to do it. For the Within Head Start activities, however, the opposite seems to be the case, at least with the initial assessment. The parents appear to be certain about the activities in which they want to participate, such as volunteering or an on-site GED class. But it is more difficult for them to determine how many hours they feel they can realistically commit to doing something.

Since there were no tools in place to help the Head Start staff come up with a realistic participation plan for each parent, it seemed reasonable to have as a baseline the existing (albeit loosely held) expectation of six hours of volunteer work. The scheduling coordinators were told to encourage parents to sign up for at least six hours of volunteering (or more, if the parents wanted) for the initial month of Step Up participation. The director of the Head Start wanted enrollment in the on-site GED class to be offered as an alternative to volunteering as a way of promoting the class.

The Project Match staff person working on this project entered information about the parents' volunteering and their children's attendance and tardiness for that month into a computer database. She simultaneously trained the Head Start parent coordinator to perform this function so that the Head Start site could continue tracking this information in the same way when this demonstration was over. The ways in which staff use the information about parents' participation to help the parents

make more realistic plans for the future are described in the following section on retention and re-placement.

Of the various challenges in translating parent involvement activities and procedures within Head Start programs into terms recognizable by the welfare system, creating welfare-like placements is one of the most difficult. The data collected initially have helped us make preliminary decisions about how to categorize, measure, and track parent activities as "placements." While we consider all of the activities listed on the Within Head Start ladder to be legitimate steps toward economic independence if experienced as part of a progression, only two of them at this point meet our criteria for a discrete placement—that hours of participation can be readily tracked and that the work preparation value of the activity is clear. These activities are: (a) *volunteering* (hours participated and scheduled [versus those that are unscheduled] will be tracked), and (b) *participation in the on-site GED program.* We will need to conceptualize further the remaining activities (for example, attending policy committee meetings) before they can be categorized as placements because participation in them is harder to quantify and their job readiness function is harder to define.

Keeping Parents on the Ladder: Retention, Re-placement, and Help with Transition

Retention, Reassignment, Re-placement, and Help with Transition. These are the terms (and strategies) described earlier that Project Match has developed to keep parents on a career track *after* their initial placement. They are *not* terms typically identified with movement in a Head Start program, nor are they terms and strategies typically identified with welfare-to-work programs. For many years, Project Match has been using the terms *retention, re-placement,* and *help with transition* to describe the postplacement follow-up services it provides its participants to keep them on track. It is only recently that government agencies have begun to use these terms and concepts in relation to welfare-to-work policy and program development. The task of giving meaning to welfare-to-work terms in the context of a Head Start program has just begun. Following is a discussion of what has been done and learned to date.

The new scheduling and monitoring system just described is the primary vehicle for recruiting, assessing, and getting parents

into an initial placement at the Head Start site, as well as for providing the retention, reassessment, and re-placement assistance parents will need to stay on the ladder and to keep climbing. This system has already begun to generate the information the scheduling coordinators and other Head Start staff will need to take on officially the retention, reassessment, and re-placement functions that parallel services the parents in upper-rung activities are receiving from the Step Up counselor. Specifically, staff will need to be able to (a) support parents in their current placements at the Head Start site (that is, offer retention assistance), (b) help parents who are not adhering to the schedules to which they committed create more realistic plans (reassessment and re-placement), and (c) help parents who are ready to move up to the next step (help with transition).

Though the new system is still in an early stage of development, Project Match staff are pleased with how it is working and increasingly impressed by its potential for bringing about organization change. Another vehicle for facilitating organizational change is the joint meeting of Head Start and Project Match staff that the director has scheduled each month. This joint staff meeting is not formally labeled a training session. Its unstated purpose, however, is *to try to prepare the Head Start staff to use the new computerized information so that when the demonstration is over they will be able to provide the full array of services required to make this Head Start program (and others as well) a setting where parents can begin the journey out of welfare dependency in a gradual, supportive manner.*

At this monthly meeting data are presented to the staff that have been collected by the scheduling coordinators, entered into Lotus 1–2–3, and summarized by the parent coordinator and a Project Match staff person. At the meeting, each staff member receives a printout detailing the activities of every Head Start family for the previous month, as well as summary statistics. For two hours the classroom teachers, the director, the parent coordinator, and three Project Match staff members talk about each of the Head Start families, offering explanations for failure to sign up for volunteering (e.g., parent is working), failure to adhere to the schedule (e.g., parent's child is ill), or failure to bring children to school on time (e.g., parent has several young children). The group then identifies those parents who are not participating and should be pushed the next month, those who should be exempt because of other commitments (e.g., working, attending a drug rehabilitation program), and those who are

doing well and should be recognized. Over time Head Start staff are assuming more and more responsibility for leadership and decision-making at these meetings. For example, at the February 1994 meeting, Head Start staff decided to launch a "Battle Between the Classes" competition rewarding the classroom with the most volunteers at the end of the month.

Public Recognition: The Key to Legitimizing the Steps on the Ladder

A key strategy for making the steps on the ladders toward self-sufficiency legitimate is the creation of a system of public recognition for the *achievement of incremental gains*. The rationale underlying the public recognition component of Project Match, and now that of Step Up, is that people living in communities such as Cabrini-Green get little positive feedback from their environment that lets them know that they are on track and should keep trying. It is therefore important that all agencies working with this population imbue small steps, such as regularly attending a GED class, working for three months, or volunteering six hours at a Head Start, with the significance normally attached to large steps in mainstream culture (Herr & Halpern, 1991).

The ladder, in effect, can be used as a blueprint for developing the recognition component in that it has taken the process of leaving welfare and broken it down into a progression of small steps that now can be treated as *milestones*. Over the years Project Match has developed a battery of strategies for recognizing and celebrating these milestones, two of which have already been implemented at the demonstration Head Start site. Large colorful display boards listing the names of parents who have volunteered and attended parent meetings in a particular month line the walls of the Head Start. To ensure that everyone doing something meaningful is recognized, and to highlight those who are further along, the hours of volunteering and number of meetings attended are also posted.

In addition, two issues of *Step Up*, the Head Start newsletter, have been published. The first edition focused on the parent coordinator and two of the Head Start parents; the second one highlighted the scheduling coordinators. A key feature in all issues of *Step Up* is the section listing parents for their incremental milestones. Some of the upper-rung achievements for which

parents were listed include: working 0–3 months, 4–6 months, 7–9 months, and so on; regularly attending a training program; and even actively looking for work. In the first two newsletters, the Within Head Start milestones related to number of hours volunteered and number of parent meetings attended. As this project progresses, parents will be listed in future issues of *Step Up* for any and all of the ways that they are moving toward self-sufficiency.

Tracking System: Capturing Parents' Month-to-Month Placements and Activities

A significant product of this project is the *grounded in practice* Head Start tracking system that is being created for the demonstration and will be available for use by other Head Start programs at the end of the demonstration. Since September 1993, the focus has shifted from the programming to the operational phase. The computer system will capture four types of information on the Head Start family: (a) demographic information, (b) monthly upper-rung information, (c) monthly lower-rung participation information, and (d) monthly *supporting child's development* information.

Demographic Information. Via the intake application, we continue to collect from mothers and/or fathers (or other adult sponsors) the extensive information that Project Match has always gathered on its participants, including their school, work, and welfare history. We also collect baseline information about parents' current and past involvement at the demonstration or other Head Start programs as well as information about older children's participation at a Head Start program.

Monthly Upper-Rung, Outside Head Start Placement Information. To capture the month-by-month activities of parents in school or at work, the programmer merely transferred the database structure of the Project Match system to the Head Start tracking system. This will mean that two basic kinds of placement information will be tracked for all of the Outside Head Start (upper-rung) parents. First, we will record all of a parent's placements for the month, including work, training, or volunteering. We will also record whether the parent was actively involved with the Step Up counselor but not placed. Second, we

will capture status changes related to each placement. These might be a salary increase, loss of a job, or graduation from a training program.

Monthly Lower-Rung, Within Head Start Participation Information. This portion of the tracking system, and the final one described below, had to be developed from scratch. Initially we knew some of the activities within Head Start that we wanted to track, such as volunteering and attendance at workshops and committee meetings. We also wanted an open-ended design so that as new activities were created at the Head Start site they could be easily coded and tracked. The data to be entered include: (a) information about volunteers such as the number of hours scheduled and performed, (b) the number of parent workshops scheduled and attended, (c) the number of committee meetings attended, and (d) attendance at the on-site GED program. As these lower-rung activities within Head Start are translated into discrete placements (equivalent to the upper-rung activities), they will be integrated into the tracking system for case management and research purposes.

Monthly Lower-Rung Supporting Child Development Information. Including parental functions that directly relate to supporting her child's development on the ladder created new technical challenges for the tracking system. For example, the system had to "know" which parent(s) or adult(s) a particular child was associated with, and vice versa. The system is now able to track information like attendance, tardiness, and referrals.

A FINAL NOTE

Although we have focused in this chapter on the potential of the Step Up model to promote parents' movement toward economic independence, we have anticipated that the model will have positive effects on children's well-being and development. Each of the lower-rung activities that is focused on supporting children's development increases the likelihood of getting children off to a good start with schooling. Indeed, activities such as trying to get one's child enrolled in a magnet school might significantly improve those children's developmental trajectories.

There is reason to believe that the new skills, self-efficacy, and identity that parents gain as they progress up the ladder will be communicated to children in a variety of ways, affecting their own expectations about what they might accomplish in the future. The interaction between parents' and children's development is a particularly exciting dimension of two-generation programs, and one we will be examining in our future writing on the Step Up demonstration.

Finally, there are organizational changes in Head Start programs and other public institutions, such as welfare departments, that are needed in order to sustain the implementation of the kinds of new approaches Step Up presents. This critical and broad domain, however, is beyond the scope of this chapter. As the activities described in this chapter illustrate, the design challenge of working through a new idea and the challenge of organizational change are in many respects connected, and perhaps inseparable—it is necessary to work through a new idea with an eye both to its inherent demands and to the practices and philosophy of the program in which it will have to operate.

Adding new social policy purposes to discrete social institutions such as Head Start programs can be very disruptive and unsettling. Not least is the possibility that an institution can be pulled from its moorings, set adrift far from its original mission. Therefore, those who are involved in demonstrations such as ours have to be very careful to respect the integrity of the programs and institutions in which they are trying to bring about change. To date, Step Up has given us confidence that such transformations are possible.

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7

TWO-GENERATION EARLY INTERVENTION PROGRAMS: A CHILD DEVELOPMENT PERSPECTIVE

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INTRODUCTION

Improving the development of children from high-risk poverty environments is one of the explicit goals of two-generation early interventions. Smith and Zaslow (this volume) have provided an excellent overview of the rationale and policy context for two-generation programs as well as summaries of the programs discussed in this volume. Ideally, these two-generation programs have the potential to maximize the effectiveness of early interventions by simultaneously addressing the many needs of children and their parents.

In this chapter, we first review key principles of effective programs derived from a comprehensive review of the early intervention literature focused on child outcomes. As we present each principle, we consider its relevance for the implementation

of two-generation programs. We also provide examples of variations in the two-generation programs examined in this volume, noting their implications for children's development and well-being. We emphasize that for high-risk low resources families—who typically live in impoverished, problem-ridden neighborhoods—concentrating intervention efforts mainly on helping parents to become self-sufficient is *not* likely to be an adequate strategy for improving young children's development. Such a strategy cannot ensure the availability of critical supports for children in a way that is appropriately timed to meet their developmental and maturational needs. In addition to the timing of child development supports, the intervention principles we examine highlight the importance of service intensity, the direct provision of experiences that can promote children's development, the adaptation of developmental supports to the child's learning style and other individual characteristics, the delivery of a breadth of services to address critical family needs, and the design of services that reflect respect for families' culture-based values, practices, and beliefs.

Second, we present a model of how two-generation programs can cause long-term change in families and children. This conceptual framework is broad and designed to facilitate the planning for, as well as the study of, two-generation early intervention. To the extent that a two-generation program simultaneously provides needed high-quality early supports to children and family members, then the opportunities for immediate as well as long-term benefits are increased. These increased opportunities result from creating dramatic family change in multiple domains, including: enhanced family economic, social, and health resources; improved parenting and family management strategies; more engaging child behaviors; mutually rewarding caregiver–child transactions; and increased parental ability to obtain support from sources outside of the family.

In a third section, we propose a set of six developmental priming mechanisms that we think are central to understanding the success (or failure) of two-generation programs. These mechanisms are viewed as part of lifelong development, based on the recognition that individuals of all ages engage in daily transactions with their social and physical environments. In turn, these person–environment transactions set the stage (that is, prime the future) for continued learning and adaptation. These developmental priming mechanisms also may be thought of as the

daily ingredients needed to ensure healthy growth and development, regardless of a person's age.

THE VISION OF TWO-GENERATION PROGRAMS

The basic goal of two-generation interventions is an exciting and challenging one: to simultaneously help prepare parents for employment that can improve families' economic resources and to enhance the development of children through a variety of direct and indirect supports. Although individual models vary in the particular scope and type of services they provide in support of this goal, the following are among those offered by the two-generation interventions discussed in this volume: employment readiness services that may include adult education, job training, and employment placement; life skills and parenting education; child care, including high quality care and early childhood education programs; and a range of other supports such as assistance in obtaining health care, transportation, and social services. Particularly significant for children is the potential for sustainable developmental benefits via the intervention's positive effects on parental educational achievement, parental employment and family income, parenting skills, health of family members, and social support systems both within and outside the family unit.

The overall approach of two-generation models represents a departure from the strategies of many earlier interventions. Historically, many of the early educational intervention programs for high-risk children concentrated primarily on providing direct services to children; services targeted to parents in such programs tended to focus mainly on parenting education or parenting skills training. In contrast, other poverty-related programs have targeted parents primarily with services to enhance parents' educational level, job skills, education, and employability. These programs often envisioned an *indirect* (trickle down) *effect* on the children—that is, to the extent that parents can be helped to lead more productive lives, it was hypothesized that stress would be reduced, family resources would be increased, and family functioning would be improved. Although this scenario is a plausible one, unfortunately there is little (or no) evidence from

any programs or empirical studies that such sweeping changes can occur in very low resource families within the short period of time that corresponds to children's critical early development (the first five years of life).

In theory, comprehensive two-generation programs avoid the potential limitations of earlier single generation programs. With this approach, both generations are expected to experience benefits that will be sustained and may even increase over time as a result of changes in the functioning and resources of the child, parent, and family unit.

PRINCIPLES DERIVED FROM EFFECTIVE EARLY INTERVENTIONS: THEIR APPLICATION TO TWO-GENERATION PROGRAMS

Two-generation programs are just beginning to be evaluated systematically. A review of previous research on early intervention programs, however, has identified several major principles about effective programs (Ramey & Ramey, 1992a). The principles reflect discrete and measurable features of early childhood intervention programs and can be extended to the design, delivery, and evaluation of two-generation programs. These principles include: (a) timing, (b) intensity, (c) direct (versus intermediary) strategies, (d) breadth, (e) individual differences, and (f) environmental maintenance. In addition, a principle of (g) cultural appropriateness has been added, even though there has not yet been adequate scientific inquiry into its relevance for program impacts on children's development.

1. The principle of timing. *Generally, interventions that begin earlier and continue longer afford greater benefits than do those that begin later and do not last as long.*

The ages when children enter early intervention programs range from birth through five years of age, although some programs begin working with pregnant women before their children are born. The most common types of community-based early intervention programs, such as Head Start and school-based preschool programs, typically enroll children at three or four years of age. Experimental or demonstration programs, however,

often begin early educational intervention during the first two years of life. These experimental interventions are the ones that have shown the largest beneficial effects on children's cognitive and academic development. They include the Abecedarian Project (e.g., Ramey, 1992; Ramey, Bryant, Campbell, Sparling, & Wasik, 1988), the Brookline Early Education Project (Hauser-Cram, Pierson, Walker, & Tivnan, 1991), the Milwaukee Project (Garber, 1988), Project CARE (Wasik, Ramey, Bryant, & Sparling, 1990), and the Infant Health and Development Program (IHDP, 1990). A recent review of this literature (*cf.* Ramey & Ramey, 1992) indicates that high-quality programs that start earlier and continue later (at least until children enter kindergarten) achieve greater benefits than do those that begin later and last for shorter periods of time. Despite this conclusion, we recognize that there is limited definitive data about absolute critical periods for human beings (Landesman, 1990; Ramey & Suarez, 1984). Further, there is no basis for declaring that educational interventions provided after certain ages can have no positive effects. Rather, we are describing a principle of *relative* timing effects.

Other lines of research suggest the importance of engaging families earlier rather than later in intervention programs. First, there is compelling evidence that children from impoverished settings who do not receive systematic early intervention suffer a significant toll in both cognitive and social-emotional development during the second and third years of life (*cf.* Blair, Ramey, & Hardin, in press; Escalona, 1982; Ramey, Yeates, & Short, 1984). This toll is detectable in toddlers' language delays, their below average performance on tests of intellectual performance, their somewhat increased behavioral problems, and the deficiencies in their parent–child interactions (e.g., Barnard, Bee, & Hammond, 1984; Bradley et al., 1989; Golden & Birns, 1983). Second, there is no evidence that complete catch-up in intellectual performance or social-emotional development is possible. Although substantial gains may be achievable later on, they are not likely to fully offset earlier delays (Campbell & Ramey, 1994; Landesman, 1990).

The two-generation models included for discussion in this volume vary considerably on the dimension of intervention timing. For example, the Comprehensive Child Development Program enrolls families when the child is under age one and sustains the intervention until the focal child enters school, whereas the Head Start Family Service Centers serve a regular Head Start population in which children's program enrollment

typically occurs at age four. There are also within-model differences in timing due to program eligibility rules. While Even Start programs are permitted to serve families with children under age eight, there is no mandate or incentive to encourage programs to recruit families with children under age three.

The issue of intervention timing is even more complicated for a two-generation intervention than it is for a more traditional early intervention program. Because two-generation programs offer a wide range of services, it is possible that certain areas of family need will be the focus of intervention long before attention is directed toward other areas that may be equally or more critical to a child's early development. For example, a two-generation program might adopt the practice of ensuring that families have basic necessities such as adequate housing, clothing, food, and money before any assessment of parenting competencies or the home environment's support for young children's cognitive and social development is attempted. Such a practice may have long-lasting negative consequences, even though it was unintentional on the part of parents and interventionists who were occupied by other pressing family needs. That is, even when a family's basic survival necessities are not adequate, children still need daily intellectual challenges, positive social experiences, and emotional support for the emergence of self-esteem and self-control. In fact, certain changes in the family's ecology (such as safe, affordable housing) or in the parents' own attainments (such as acquisition of functional literacy or stable employment) may take months or years to realize. If this period of assisting the parental generation coincides with a period of rapid maturation or priming of the central nervous system in the child, then there must be a system in place *at this time* to ensure that the child receives the specific environmental supports critical for learning and social development. Later, our discussion of the principle of direct intervention will further underscore the nature of the experiences that a two-generation program must ensure at the earliest possible time during the family's participation in the program.

2. The principle of intensity. *More intensive educational interventions, as indexed by variables such as the number of hours per day, days per week, and weeks per year, produce larger positive effects than do less intensive interventions. Further, children who participate more appear to benefit the most.*

The majority of early intervention or early childhood programs provide for only a few days per week and often are for only a few hours per day. Based on the empirical literature, the intensity of these programs would be judged insufficient to create significant improvements in children's cognitive and social performance. The most powerful early childhood interventions have been operated five days per week, year round, and they are full-day programs. These include the Abecedarian Project (Ramey, 1992), the Brookline Early Education Project (Hauser-Cram et al., 1991), the Milwaukee Project (Garber, 1988), Project CARE (Wasik et al., 1990), and the Infant Health and Development Program (Infant Health and Development Program, 1990). The relevant lesson for two-generation programs is that there must be child-oriented interventions of sufficient intensity (assuming high quality) to support children's social and intellectual development during the first five years of life. For children from extremely impoverished or chaotic home environments, whose parents may have limited education, whose homes rarely have adequate educational materials, and whose families cannot regularly provide developmentally appropriate social interactions, then alternative means of providing these essential experiences must be used.

It is disappointing that many early intervention demonstrations have failed to demonstrate positive effects on children's intellectual, academic, or social performance. Typically, these unsuccessful interventions are characterized by their *lack* of intensity. For example, *none* of the 16 randomized trials of early interventions for children with disabilities, conducted by the Utah State Early Intervention Research Institute (Casto & White, 1993), provided full-day, 5-day-per-week programs. Further, none demonstrated significant effects on children's developmental competencies. As another example, Scarr and McCartney (1988) provided intervention only once per week via home visits to economically impoverished families but failed to detect any positive cognitive effects on children.

Two other reports provide strong empirical support for the principle of intensity. Powell and Grantham-McGregor (1989) reported significant intellectual benefits from a home visiting program when the intensity level was three visits per week, while *no* such benefits appeared when the visits were less frequent. Similar findings emerged in the Brookline Early Education Project as reported by Hauser-Cram, Pierson, Walker, and

Tivnan (1991). In this study, for those families in which parents had the lowest education levels, only the most intensive services were found to benefit children, while services delivered at low and intermediate intensities had no measurable consequences.

It is important to recognize that intensity of an intervention is determined both by the program's delivery of a certain amount and frequency of service and by families' participation in services that are offered. Examining participation data (Ramey, Bryant, Wasik, Sparling, Fendt, & LaVange, 1992) reported that the amount of intervention each child and family received had a strong, positive relationship to the child's intellectual and behavioral development at 36 months. Prevention of mental retardation ranged from a nearly ninefold reduction among the highest one-third participation group to approximately fivefold in the intermediate third participation group, while only a slight benefit was detected for the lowest third group. A particularly surprising finding in this study was that amount of participation was not related to parental education, family income, the child's birth weight status, or ethnicity. However, factors such as parental enthusiasm and commitment that are likely to influence families' level of involvement may have contributed independently to positive child outcomes.

It is important to make distinctions among the many forms of child care provided to infants and young children in terms of content. The type of activities and social interactions that child care can provide translates into the intensity of developmentally supportive experience available to children. In terms of content, programs referred to variously as preschool, child development centers, early intervention, or early childhood education programs are more likely to have an educational focus and a curriculum with appropriately trained staff, compared to those labeled as day care, family care, child care, or babysitter services. A program's label alone, however, is not a reliable index: certainly some family daycare provides high-quality stimulation, while some child development centers and preschools are too poorly staffed or managed to offer an adequate amount of developmentally supportive experiences to individual children.

The majority of two-generation programs have not emphasized the necessity of providing intensive stimulation on an everyday basis for infants and very young children. This may reflect a widespread but erroneous belief that much early development is determined almost entirely by biological maturation, making additional educational stimulation unnecessary. More

important factors may be the limited availability of full-day high-quality early childhood educational programs and the high cost of such programs. In addition, some of the early center-based programs for poor children were criticized for their apparent failure to offer concurrent supports to parents and other family members and for their lack of cultural sensitivity (e.g., Page, 1972).

The most popular strategy to improve children's development has been the use of home visitors and parent education (Roberts & Wasik, 1990). As noted above, however, only a few very intensive home visiting programs (defined as programs whose well-trained staff used a systematic approach and made visits at least several times per week) have produced measurable intellectual or social developmental benefits for children. This home visiting strategy, coupled with parent education, for example, is used by the Avance program (Chapter 3 of this volume) for low income Mexican-American families with children under two years. Families are visited once a month by a home visitor and are invited to attend a once-a-week parent education class at a community center (with on-site child care provided during that time).

The Comprehensive Child Development Program (CCDP) (Chapter 6 of this volume) is legislatively mandated to offer licensed child care, developmentally appropriate early childhood education, and early intervention services for children at risk for developmental delay. CCDP, as a multisite endeavor, does not, however, specify the optimal intensity or timing of these child supports, nor is there guidance on how decisions should be made about which children will receive supports. In fact, the majority of children under three whose families are enrolled in CCDP have not received intensive educationally-oriented supports (Head Start Bureau, 1991). Even in the Head Start program, which has been strengthened as a two-generation intervention in the Head Start Family Service Center demonstration (Chapter 6 of this volume), the intensity of the child development intervention is often only moderate—that is, less than five days per week, only three to four hours per day, and less than year round. Such programs may be enjoyed by children and parents and may teach children new skills and concepts, but they are not likely to increase children's developmental performance to a level comparable to that of nonpoor children. It is noteworthy that increasingly larger numbers of *non*poor children are enrolled in full-day educationally oriented programs prior to entering kindergarten, which may contribute to even greater

disparity in the performance of poor and nonpoor children when they enter public school. For two-generation programs that seek to improve the lives of both children and parents, the importance of *intensive* early education supports must be recognized as equal to other services such as health, housing, and employment.

3. Principle of direct (versus intermediary) provision of learning experiences. *Children receiving interventions that directly alter their daily learning experiences produce more positive and lasting results than do those that rely primarily on indirect routes to change children's competencies (for example, home-based visitations or parent training only).*

Early educational interventions have been presented in many different forms, including those that are center-based with trained staff, those that are home-based and seek to change parents' behavior, and those that combine center- and home-based components. These interventions may be categorized in terms of reliance on *direct* educational services for the child versus the use of an *intermediary* (usually parent-mediated) means to provide educational experiences.

The findings regarding the differences between these strategies are clear: Intermediary means are far less effective than direct ones in improving children's intellectual performance (e.g., Casto & Lewis, 1984; Madden, Levenstein, & Levenstein, 1976; Scarr & McCartney, 1988; Wasik, Ramey, Bryant, & Sparling, 1990). This general principle holds true for economically disadvantaged children, biologically vulnerable children, and high-risk children with both environmental and biological risk conditions.

Wasik, Ramey, Bryant, and Sparling (1990) conducted the first experimental comparison of direct versus intermediary forms of early educational intervention. In a randomized controlled trial with economically disadvantaged, high-risk children, from birth through five years of age, cognitive gains emerged for children receiving a full day, center-based intervention (five days per week, year round) combined with weekly home visits. In contrast, children receiving a weekly home visiting intermediary program that supported parents and encouraged them to provide developmentally paced learning activities (parallel to those offered in the child center) did not benefit, nor were significant changes apparent in parent attitudes or behavior in the home environment itself. That is, children in the intermediary treatment were comparable to the controls who received only nutri-

tional supplements and medical surveillance, even though their parents reported high levels of satisfaction with the home visiting program over the first five years of life. Findings such as these warrant serious consideration and challenge the empirical basis for the popularity of home-based interventions (Roberts, Casto, Wasik, & Ramey, 1991). At the same time, it is important to recognize the critical roles that parents and other family members assume in young children's lives, especially their early learning experiences. Home visits have the potential to enhance the home learning environment by supporting family members' efforts to promote the young child's development in everyday care and interactions. The promising findings of Powell and Grantham-McGregor (1989), for example, as noted before, indicate that providing three structured home visits per week—*but not fewer than three*—was sufficient to enhance children's development via an intermediary approach.

In two-generation programs, reliance on indirect or intermediary, rather than direct, child interventions has been the most typical approach. As noted above, CCDP and Avance do not emphasize the provision of direct child educational supports, although some participating families may receive them. Some but not all New Chance sites offer high quality on-site care. Among the models examined in this volume, Even Start and the Head Start demonstrations appear to place the most emphasis on ensuring the direct provision of an educationally oriented early childhood program, although even in these models, intervention via home visits (in place of a direct intervention) occurs in some sites.

4. The principle of breadth. *Interventions that provide more comprehensive services and use multiple routes to enhance children's development generally have stronger effects, compared to interventions that are narrower in their focus. That is, interventions that combine direct and indirect routes simultaneously to improve children's learning and later school adjustment produce the largest effects.*

The early educational interventions that have yielded larger effects, such as the Brookline Early Childhood Project, the Abecedarian Program, Project CARE, the Milwaukee Project, and the Infant Health and Development Program, all have provided a multipronged approach, including the provision of high-quality regularly timed health and social services to families, transportation, assistance with meeting urgent needs, and parent

supports, as well as a strong early childhood education component (beginning prior to age three) in a specially created child care center. Schorr and Schorr (1988) advocate for breadth as well: "Programs that are successful in reaching and helping the most disadvantaged children and families typically offer a *broad spectrum of services.* They recognize that social and emotional support and instrumental help (with food, housing, income, employment—or anything else that seems to the family to be an insurmountable obstacle) may have to be provided before a family can make use of other interventions, from antibiotics to advice on parenting" (p. 257).

This principle of breadth is one embraced vigorously by two-generation programs, all of which offer a broad array of interventions and supports to families. A key point is that not *all* families need a full range of services; rather, it is the program's commitment and ability to provide for many diverse, complementary, and adjunct supports—in a timely manner to individuals and families—that are associated with overall program effectiveness. Although two-generation programs, generally, offer a wider range of services than traditional early childhood interventions, the interventions discussed in this volume have struggled to find the resources to meet the many family needs that participants present, and to determine the best way to sequence or combine intervention supports so that optimal progress is made toward the dual goals of parent employability and healthy child development. For example, St. Pierre and Swartz (Chapter 2 of this volume) discuss the difficulty of meeting the social service needs of participants in Even Start programs that have recruited especially high-risk families. In Even Start as well as in the other models, meeting the varied needs of participants means that more vulnerable families are served, but also that resources must be concentrated on a smaller caseload.

5. The principle of individual differences. *Some children show greater benefits from participation in educational interventions than do other children. Thus far, these individual differences appear to relate to aspects of children's initial risk status and the degree to which the program matches the children's style of learning.*

This principle recognizes that individual children respond differently to the same program and, further, that different interventions may be necessary to realize the same desired benefits for different children. The clinical and educational litera-

tures have endorsed this principle for several decades, yet only recently have there been empirical studies related to this in the field of early educational intervention. Selective findings are described here.

In providing broad-based early educational intervention for premature, low birthweight infants, the Infant Health and Development Program (1990) reported that children at greater biological risk (indexed by birthweight < 2001 g) did *not* benefit as much from the program as did less impaired children—even though both groups showed significant gains. Another study focused on early educational intervention for children with disabilities and considered two influences simultaneously—the degree of the child's impairment and the form of educational intervention provided. Cole, Dale, Mills, and Jenkins (1993) found an interaction between child aptitude and treatment strategy, in a randomized design comparing Feuerstein's "mediated learning" techniques versus more traditional "direct instruction." Contrary to conventional wisdom, young children with higher skills (as measured on a pretest battery of cognitive, language, and motor tests) benefited more when they received direct instruction, whereas the lower performing students showed greater improvements when they were in preschools that used a mediated learning approach. Finally, an analysis of findings from the Abecedarian study (Martin, Ramey, & Ramey, 1990) revealed that the children who showed the largest cognitive gains (compared to controls) were those whose mothers were the most intellectually limited (that is, their mothers had IQ scores below 70). In fact, children whose mothers had IQs below 70 scored *at least* 20 points higher (mean = 32 points higher) than their own mothers *when they received intensive early educational intervention* (Landesman & Ramey, 1989; Ramey & Ramey, 1992b). These encouraging findings are similar to the large gains among children reported in the Milwaukee project, which enrolled only economically disadvantaged mothers with IQs below 75 (Garber, 1988) suggesting that these children are likely to benefit more than children of more intellectually competent mothers.

By extension, two-generation programs are likely to have differential success with adults and with the family as a whole, just as child intervention programs vary in their effectiveness. What is increasingly recognized is that these individual differences in responsiveness to alternative treatment strategies warrant systematic scientific inquiry, so that programs will be able to better target which services or strategies are employed

with different types of families and individuals. This has the potential to reduce program costs significantly, since services not effective for certain groups need not be provided and therefore program resources should become available to explore and implement alternative modes of support. All too often, well-intentioned interventions (such as parenting education programs) have assumed that the reasons why individuals are not doing well (for example, why children are failing to progress at normative rates) can be reduced to a small number and therefore the same corrective strategy will help almost everyone. In fact, close examination of the complex lives of families in poverty often reveals a far greater number of reasons that may account for an individual's failure to do well. This means that greater individualization of treatment interventions is necessary to achieve desired improvements. In the case of ineffective parenting, for example, the reasons may include parental depression, parents' own inexperience with young children, parents' incorrect assumptions about children's developmental progress and ability to control their behavior, parental substance abuse, violence toward parents from other adults in the household (which may inhibit a parent's effective interactions with a child), immaturity of the parent (as when the parent is a very young teen), or parental cognitive limitations (such as a parent with significant learning disabilities or mental retardation). A single set of parenting education classes is unlikely to be adequate to efficiently address this range of reasons for ineffective parenting and to offer the needed follow-up services to these different family scenarios.

In general, the two-generation interventions appear to have some capacity to individualize adult self-sufficiency services, through different modes of employment preparation (for example, different types of adult education or training) and different instructional approaches within a type of preparation (such as computer-assisted versus group instruction). Opportunities for individualizing interventions more immediately directed at improving the child's developmental experiences are less apparent.

6. The principle of environmental maintenance of development. *Over time, the initial positive effects of early interventions will diminish to the extent that there will not be adequate environmental supports to maintain children's positive attitudes and behavior and to encourage continued learning relevant to the children's lives.*

Although long-lasting and substantial effects on school achievement, grade retention, and special education placement have been achieved by some early intervention programs (e.g., Campbell & Ramey, 1994; Lazar & Darlington, 1982; Schweinhart & Weikart, 1981), there is ample evidence that many early childhood gains are not sustained throughout middle childhood and adolescence (Kagan, 1991). In some but not all studies (e.g., Garber, 1988), the long-term effects of early educational intervention on IQ scores diminish over time. Two important issues are relevant. First, it is not sufficient for poor or at risk children simply to maintain the advantages realized from their preschool years. Instead, children need to be supported in multiple domains of development if they are to have the skills, motivation, health, and resources needed to succeed in school settings. Second, developmental theory is *not* premised on the assumption that positive early learning experiences are sufficient by themselves to ensure that children will perform well throughout their lives. Poor school environments, suboptimal health, and a seriously disrupted home environment are known to influence children at all ages. Thus, intervention programs must take into consideration children's subsequent environments and experiences after special program supports are no longer provided.

For the most part, the two-generation interventions discussed here do not provide a direct maintenance of environmental support from the preschool through the elementary school years. Exceptions are the Head Start transition projects (discussed in Chapter 6, this volume) and Even Start programs serving families for multiple years up to the time the youngest child is 8. However, two-generation programs may contribute to a maintenance of conditions that promote healthy development by strengthening resources in the family that can provide enduring support to the child. As Smith and Zaslow explain in Chapter 1, educational gains of parents and improvements in family income, key goals of two-generation programs, are related to a host of motivational, behavioral, and psychological characteristics in parents that are implicated in children's long-term course of development. One example related to schooling is the likelihood that a parent who has increased her or his level of educational attainment will have both the skills and motivation to effectively monitor and support her child's academic progress.

7. The principle of cultural appropriateness and cultural relevance of intervention strategies. *To achieve desired outcomes,*

interventions provided for children and families must recognize and build upon cultural beliefs, traditions, and practices. To the extent that interventions are perceived as culturally relevant and welcomed, they are more likely to be valued, used, and incorporated into participants' everyday lives.

This principle reflects fundamental values about the design of ethical interventions that respect the contribution of culture to families' lives (Lynch & Hanson, 1992a). Culture here refers to the broad set of valued beliefs, traditions, and practices that serve to promote continuity and well-being among members of a group. Anecdotally, there are examples of failed efforts to change people's behavior in ways intended to improve their well-being. In part, many critics think these interventions did not take culture into account, attempting changes in families' hygiene, medical practices, and diet (Chan, 1992; Joe & Malach, 1992; Lynch & Hanson, 1992a; Willis, 1992; Zuniga, 1992), and sometimes created unintentional harm or disrupted systems of natural support by ignoring culture, seeking, for example, to change women's behavior without actively involving the men or respected elders in the community. Unfortunately, there has been little scientific inquiry about the role of cultural appropriateness and cultural relevance in the implementation and effectiveness of early intervention programs. Despite this lack of empirical support, we have included this as a principle because of its obvious centrality to a field as value-laden as two-generation interventions.

There are no simple guidelines to inform cultural adaptation of intervention programs. Rather, a collaborative effort with the local community and with participants themselves is an essential ingredient for providing a responsive and responsible program. In addition, frequent and sensitive monitoring of a program's effectiveness on participants' lives is highly recommended. Although there are extensive literatures about many cultures, it is important that cultures not be stereotyped, since (a) cultures themselves are dynamic (Barth, 1969); (b) not all individuals who identify with a given culture endorse all of its beliefs or normative practices (Barth, 1969); and (c) families may be monocultural, bicultural, or even multicultural (Lynch & Hanson, 1992b).

Some of the two-generation programs incorporate promising strategies for operating culturally supportive programs. The Avance program is especially notable for its practice of hiring former program participants who have both cultural and pro-

gram-relevant experiences in common with currently enrolled parents. This practice is also a well-known accomplishment of many Head Start programs. In New Chance, the use of peer support is likely to tap into both the ethnic and the developmental culture of the participating teens.

A CONCEPTUAL FRAMEWORK FOR TWO-GENERATION PROGRAMS

Two-generation programs are typically ambitious in their goals, broad in the array of services and supports they provide, and designed to be responsive to the needs of individual families and family members. Such programs defy simple characterization and are difficult to compare with one another. Moreover, we have yet to develop an agreed upon and precise language to describe family-based interventions and their components. General phrases, such as "comprehensive, coordinated, and community-based," "individualized," "culturally sensitive," and "providing family empowerment," are widely used and reflect a philosophical or values base for two-generation programs. Such characterizations of programs do not, however, provide an operational description of what programs do or how resources are allocated (as a whole or at the individual family level). Further, program descriptions sometimes fail to make explicit the means by which services and supports are thought to change the participants and to improve their quality of life. That is, the value of the services are presumed to be obvious (such as providing vocational training, parenting education, or substance abuse treatment); thus, the intermediate processes by which these services might contribute to improved functioning of the family unit and the long-term development of children remain unspecified.

In this section, we propose a broad and integrative conceptual framework for viewing two-generation programs to facilitate greater understanding of what these programs include and how they may alter the well-being of families and individuals. When sufficient details are available about particular programs, then this framework may be used to compare programs systematically. Ideally, information about program resources and activities would address the important program principles discussed

earlier: timing (onset and duration), intensity, direct (versus intermediary) strategies, breadth, individual differences, environmental maintenance, and cultural appropriateness.

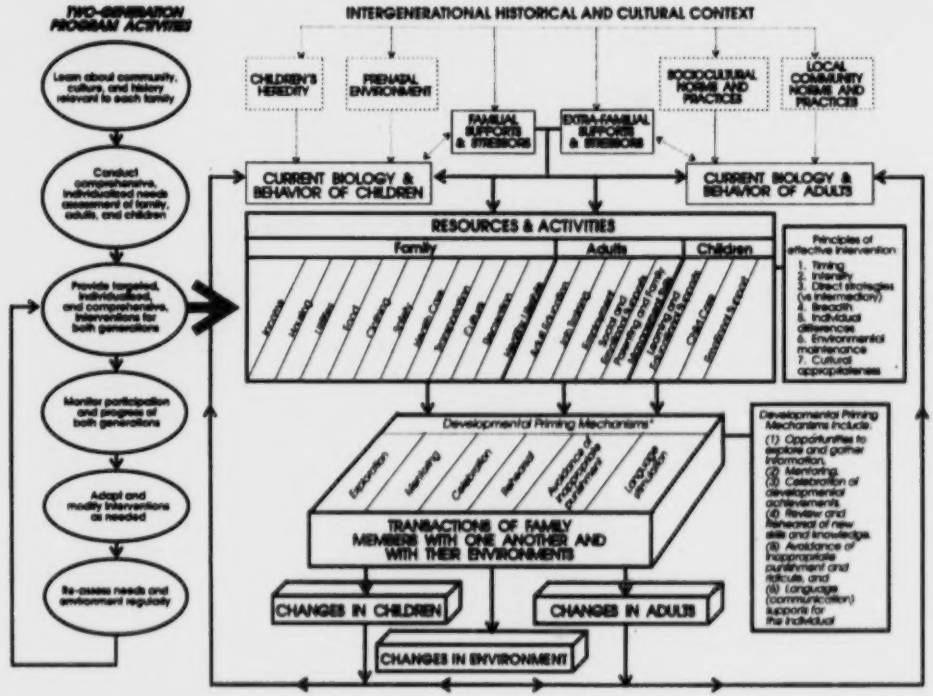
Figure 7–1 depicts the key sources of influence on the well-being of both generations, adult family members and children. Initially, it is recognized that the current biological and behavioral status of children and adults reflects the cumulative effects of their personal histories and environments. These influences include heredity, the prenatal environment, sociocultural norms and practices, and characteristics of the local community. In addition, each family has supports and stressors affecting members—and the source of these may be within or outside the family.

At the start of a two-generation program, when information is being gathered in a culturally appropriate manner, it is important to appreciate the family's place in the larger ecology. For example, are parents longtime members of the community? What characteristics (beliefs, resources) do they feel they share with their neighbors? What characteristics set them apart? Do they regard local institutions as potential sources of support? Further, when conducting an initial comprehensive needs assessment, a balanced view of the family that recognizes the presence of both supports (or strengths) and stressors (or problem areas), it is vital to avoid negative stereotypes, to build upon the family's natural support systems, and to allocate limited program resources wisely.

Next, this model illustrates a potential range of resources and activities that may be used to produce changes in adults, children, and the family's environment. These span those targeted primarily to: (a) the family as a unit, such as those related to income, housing, utilities, food, clothing, safety, health care, transportation, cultural and recreational activities, and healthy lifestyles; (b) the adults, including adult education, job training, employment, social and emotional supports, parenting and family management skills; and (c) the children, such as educational supports, child care, and social and emotional supports. These resources and supports may be provided via many routes, including direct provision by the two-generation program, the program's referral of families to existing services and agencies, and other means (such as friends and natural helpers, pre-existing supports such as community churches and schools, family-initiated activities or self-referrals, and the media).

For an individual family, the decisions about allocating programmatic resources and activities in two-generation programs

FIGURE 7–1 A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING TWO-GENERATION PROGRAMS


TWO-GENERATION PROGRAM ACTIVITIES
Learn about community, culture, and history relevant to each family
Conduct comprehensive, individualized needs assessment of family, adults, and children
Provide targeted, individualized, and comprehensive interventions for both generations
Monitor participation and progress of both generations
Adapt and modify interventions as needed
Re-assess needs and environment regularly
INTERGENERATIONAL HISTORICAL AND CULTURAL CONTEXT
CHILDREN'S HEREDITY
PRENATAL ENVIRONMENT
FAMILIAL SUPPORTS & STRESSORS
EXTRA-FAMILIAL SUPPORTS & STRESSORS
SOCIOCULTURAL NORMS AND PRACTICES
LOCAL COMMUNITY NORMS AND PRACTICES
CURRENT BIOLOGY & BEHAVIOR OF CHILDREN
CURRENT BIOLOGY & BEHAVIOR OF ADULTS
RESOURCES & ACTIVITIES
Family
Adults
Children
Principles of effective intervention
1. Timing
2. Intensity
3. Direct strategies (vs intermediary)
4. Breadth
5. Individual differences
6. Environmental maintenance
7. Cultural appropriateness
Developmental Priming Mechanisms*
Imitation
Mentoring
Celebration
Shaping
Avoidance of inappropriate punishment
Language stimulation
TRANSACTIONS OF FAMILY MEMBERS WITH ONE ANOTHER AND WITH THEIR ENVIRONMENTS
Developmental Priming Mechanisms include
(1) Opportunities to explore and gather information,
(2) Mentoring,
(3) Celebration of developmental achievements,
(4) Review and rehearsal of new skills and knowledge,
(5) Avoidance of inappropriate punishment and ridicule, and
(6) Language (communication) supports for the individual
CHANGES IN CHILDREN
CHANGES IN ADULTS
CHANGES IN ENVIRONMENT

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frequently are made after a comprehensive needs assessment or intake process. Ideally, this individualized family assessment considers the full range of a family's needs, including needs that may not be readily apparent (such as needs related to recurring depression or substance abuse). Almost all two-generation programs have developed some form of case management—that is, a way to establish a trusting and continuous relationship between program staff and the family, so that as additional relevant information is gathered about the family's life circumstances and progress, appropriate changes in the family's service plan can be made. To the extent that resources permit, and to the extent that family members and the program mutually endorse similar goals, then comprehensive interventions may be planned. These interventions usually are targeted (rather than universal) to maximize positive developmental changes in children (such as improved social, emotional, and intellectual functioning), changes in the environment (such as increased home safety and stimulation for the children, provision of a center-based high quality early childhood education program, transportation to adult education, adherence to a more nutritious diet), and changes in adults (such as increased reading and language skills, ability to obtain a better paying job, improvement in or stabilization of pre-existing health conditions).

In this conceptual framework, changes in individual and family status are mediated by developmental priming mechanisms (described below). That is, the supports and services have their effect by producing changes in the experience and behavior of individual family members, who then engage in altered transactions with other family members and with their environments. It is through these transactions that long-term, sustainable benefits are thought to be realized.

In Figure 7–1, the provision of two-generation program activities includes "monitoring the participation and progress of both generations" and "adapting and modifying interventions as needed." These programmatic activities serve to increase positive outcomes by ensuring that those supports that are highly valued and used will be continued, those that are not will be discontinued or modified, and new supports in response to developmental changes in the family or family members will be obtained in a timely manner. Given the breadth of most two-generation programs and the initial differences in families when they are enrolled, few (if any) of the program's activities can be timed specifically in advance (such as when a mother will complete her

education or job training and be ready for competitive employment, when health care that is not routine will be needed, or when a child is ready for more advanced level books and learning activities).

By "re-assessing needs regularly," obtaining the active involvement of program participants in this re-assessment, and then adapting and modifying supports, two-generation programs become engaged in a formative evaluation process. To the degree that two-generation programs systematically document this process, along with the observed and reported changes in the biological and behavioral status of children and adults, then a cumulative knowledge base about a program's operation and impact on families will accrue. This knowledge base can help guide the program's future activities and resource allocation process, as well as inform other programs and professionals working with similar types of families in comparable community contexts.

TRANSACTIONS OF FAMILY MEMBERS WITH ONE ANOTHER AND THEIR ENVIRONMENTS: THE ROLE OF DEVELOPMENTAL PRIMING MECHANISMS

We discern at least six likely psychosocial mechanisms that account for changes in the developmental status of children and adults that are especially pertinent to intellectual and social outcomes (Ramey & Ramey, 1992a). We have labeled these "developmental priming mechanisms" to emphasize both their potential role in altering the course of human development and the fact that they help individuals be primed or get ready for subsequent opportunities. Admittedly, maturational and developmental processes are complex and far from completely delineated. What is established is that what an individual does (behavioral activities) influences the development of the central nervous system (in turn setting the stage for changes in future learning and social opportunities), just as biological maturation itself influences behavior. This fundamental interdependence of people with their environments (especially social environments) is why the success of two-generation programs relies on their ability to alter both the individuals (including their skills, health, and

positive self-esteem) and their environments (reducing major stressors and sources of harm).

These six developmental priming mechanisms, identified in Figure 7–1, are:

1. providing opportunities to explore and gather information,
2. being mentored in new skills,
3. celebrating developmental achievements,
4. reviewing and rehearsing new skills and knowledge,
5. avoiding inappropriate punishment and ridicule, and
6. providing language supports for the individual.

The first developmental priming mechanism concerns opportunities to explore and gather information about the environment. Infants and very young children need to be encouraged to explore their immediate surroundings. Through this exploration, they develop confidence in their own sensory and perceptual abilities and acquire vitally needed information. To the extent that caregiving adults foster young children's natural curiosity, then this active orientation to their environment is likely to become a positive and useful attribute. At the same time that caregivers encourage exploration, they also provide critical cues about times and places when exploration or information seeking is potentially dangerous. This developmental priming mechanism is one that can logically be extended to older children and adults as well. Regardless of age, exploring new possibilities in the environment and gathering new information relevant to one's current life situation are positive behaviors. Active encouragement from trusted others often serves to maintain this positive orientation, especially when individuals are experiencing stress and obstacles in their everyday environment. In a two-generation program, adults may be helped to explore employment and career options that fit their aptitudes and interests, new ways of spending spare time (such as a newly awakened interest in reading), and alternative means of learning, getting along with others, and pursuing personal goals. The general orientation to situations and people that such exploration supports can contribute to better coping and problem-solving skills across many domains, including work and parenting.

Being mentored in basic skills is identified as another important developmental priming mechanism. Mentoring is used to connote a form of teaching or guidance that occurs within a

caring and responsive relationship. Much of the mentoring of young children occurs as part of the everyday activities within a family, rather than as discrete educational activities unto themselves. The types of basic skills that young children need to acquire via mentoring include labeling of objects and events, sorting, sequencing, comparing, noting means–ends (or cause–effect) relationships, understanding basic number concepts and recognizing symbols. Ideally, learning opportunities for adults in two-generation programs will include opportunities to receive mentoring, in addition to more traditional forms of education and training. It seems likely that adults who experience learning as part of a caring relationship may internalize a supportive learning style and use it in interactions with their children. That is, mentoring may not only facilitate exploration and the acquisition of employment-related skills, but it may also serve as a model for sensitive teaching in the parent–child relationship.

A third hypothesized mechanism is that of celebrating developmental advances. Young children show remarkable and frequent gains in their skills and understanding of how the world works. When these developmental achievements are responded to in a positive and vigorous manner, children feel valued, important, and successful. Young children's responses to such celebrations of their developmental accomplishments is frequently one of great delight. Such celebrations serve to strengthen the overall adult–child relationship as well as to encourage children to continue to practice and display their new skills and knowledge. In two-generation programs, the case manager or family advocate is often someone who helps celebrate the adult's developmental accomplishments. Designing programs that allow for early accomplishments and celebration of these events may be key to speeding the progress that adult participants make in their self-sufficiency activities. For example, a program that recognizes a week of excellent attendance as an important accomplishment provides this type of support in contrast to a program that does not count anything as a significant accomplishment until a difficult-to-reach milestone, such as GED completion, is reached. Herr & Halpern (1993) have made this priming mechanism of early and frequent developmental celebration a central feature of a two-generation intervention they are designing in a Head Start program.

After a child or adult has explored, learned new skills, and had new behavior celebrated, then it is helpful to have opportunities to review, rehearse, and extend these new skills. This phase of

guided rehearsal serves to strengthen and refine the new behavior and to facilitate its appropriate application in diverse settings or situations. Often children's developmental advances occur in bursts and sometimes children appear to forget new things they have learned. With encouragement from caring adults, children will more readily resume and improve upon their repertoires. Adults too need such encouragement and practice. It is questionable whether some of the two-generation interventions give parents enough time for this rehearsal. Unfortunately, it is often expected that once adults acquire a new skill, they are quickly ready to move on to new challenges. Thus for adults, as for children, it is important to design the celebration of accomplishments in ways that allow them to practice and extend recently acquired skills and accept temporary or apparent setbacks.

One of the most important developmental priming mechanisms concerns the avoidance of inappropriate disapproval, teasing, or punishment. This mechanism is one that recognizes that when adults are inappropriately and repeatedly negative, punitive, or ridiculing of children's normative behavior, they may cause children to withdraw from trying new activities or expressing their desire to become more skilled. Unavoidably, young children make many mistakes, show unevenness in their day-to-day behavior, and often have unintended (usually minor) consequences associated with their developmental exploration and trial-and-error learning. Parenting education often helps parents to appreciate what is normative for a given age or stage of development. We note, however, that this priming mechanism does not mean that parents cannot use constructive criticism and negative consequences for unacceptable negative behaviors that children can understand and control. Finding ways to give corrective feedback about adult behavior (such as disapproval of tardiness at a program activity) while protecting the adult participant from overly harsh criticism is a major challenge for two-generation interventions. In programs like New Chance, it is especially important to protect teen and young adult participants from punitive criticism which may be prevalent in the peer groups of these programs.

Above all, young children become acculturated and capable through their acquisition of language in its many forms. The significance of language is particularly elevated in societies that rely more on spoken, printed, and other symbolic means of communication than other societies. Evidence is accruing (e.g.,

Kuhl, Williams, Lacerda, Stevens, & Lindblom, 1992) that young children are ready to receive linguistic input and learn about language many months before they actually speak. All cultures have special forms of communicating orally with infants and toddlers, often referred to as "motherese." Studies indicate that such adaptations in language serve to make certain sounds and meanings more salient to young children. It is hypothesized that central nervous system maturation in this area depends upon exposure to language and symbols from an early age on. Unfortunately, many infants and toddlers experience deprivation in their language transactions with caregivers, who may not realize the importance of these exchanges early in life or who may not have the time to provide the amount of direct language experience very young children need. Simply exposing an infant or toddler to distant conversations, music, or television is not adequate for very early learning; in fact, excessive exposure to meaningless sounds may encourage young children to ignore important linguistic information from the audible environment. Because language is the primary means by which formal education takes place, children's competencies in language are critical for their success in and enjoyment of school.

For adults, of course, language is also a primary vehicle for learning. Exposure to increasingly complex language, presented in many forms, including newspapers, instructional materials, and computers, is especially critical to parents who are building skills that can be used in the workplace. Consistent with the goals of a two-generation intervention, it is also hoped that this exposure to language will prime not only parents' acquisition of work-related competencies, but also their ability to support their children's emerging language and literacy skills. The family literacy activities offered by Even Start and Head Start Family Service Centers are notable for their potential to provide language supports simultaneously to both children and their parents.

We have proposed the presence of these developmental priming mechanisms based on a review of the early child development literature, including cross-cultural research (e.g., Barnard et al., 1984; Belsky, 1980; Bradley et al., 1989; Hetherington & Parke, 1993; Lewis, 1983; Maccoby & Martin, 1983). We hypothesize that all of these mechanisms must be present in children's everyday lives, on a frequent and predictable basis, to support normal development. Even when children have disabilities or detected developmental delays, these mechanisms are relevant to their

further advances. In addition, children benefit greatly from many other aspects of transactions with caregivers and their environment—from receiving love and acquiring a positive sense of self to simply enjoying social encounters and developing a sense of personal responsibility. We further propose that these same priming mechanisms remain powerful forces in the development of adults' personal growth, learning, and skills acquisition. Therefore, we suggest careful assessment of their prominence in the experiences of both children and adults participating in two-generation interventions.

SUMMARY

Although the best known two-generation demonstration programs aspire to be comprehensive in their approach, each program has faced critical decisions about resource allocation and philosophy of intervention. Accordingly, what finally is included in a program is important to document so that the effects of a broad-based two-generation program can be understood within a more specified conceptual framework. To this end, we have proposed a systems-based conceptual framework for describing, comparing, and evaluating two-generation intervention programs designed to support children, adults, and families. We have highlighted principles of intervention such as service intensity and maintenance of environmental growth throughout the life course. Finally, we believe that the two-generation intervention strategy holds promise as a powerful approach to supporting long-term developmental gains in at-risk children and enhancing life prospects for their parents. At the same time, we advocate greater attention to the principles and mechanisms discussed here in the design of future two-generation models as a means of strengthening this type of intervention.

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8

The Potential of Two-Generation Interventions: An Employment and Training Perspective

Jean Grossman
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This chapter explores the potential impacts of two-generation interventions on the adults who participate in these programs, in light of the lessons learned from previous employment and training efforts. The discussion focuses mainly on gains most related to economic self-sufficiency—educational attainment and earned income. As Smith and Zaslow suggest in Chapter 1 of this volume, gains experienced by the adults may, in turn, contribute to long-term benefits for children by reducing a number of family risk factors associated with problems in healthy development and success in school.

The two-generation interventions discussed in this volume incorporate many of the employment and training (E&T) strategies used in earlier programs that served low-income women with children. Evaluations of these E&T programs over the past 15 years have generated important findings about the efficacy of different strategies for helping low income individuals achieve self-sufficiency (e.g., Gueron & Pauly, 1991). Thus, the potential of two-generation interventions to help the adults they serve become more self-sufficient can be illuminated by an extensive body of research.

This chapter first presents an overview of the E&T services available in the two-generation program models. Next, we summarize what has been learned about the effectiveness of these services by presenting findings from earlier E&T evaluations. We then use these findings to gauge the potential benefits of the E&T services in two-generation programs and suggest strategies for increasing their impacts on family income. Finally, the chapter identifies some important questions about program design and the intergenerational transmission of self-sufficiency gains that remain to be explored.

OVERVIEW OF THE PROGRAM MODELS

Here, we highlight some important characteristics of the E&T services offered by six models discussed in this volume: the Even Start Family Literacy Program, Avance Parent–Child Program, New Chance, the Comprehensive Child Development Program, the Head Start Family Services Center, and Step-Up. All six serve individuals who are high risk of long-term poverty, have young children, and voluntarily participate in program activities.[1] Two of the programs target special groups. New Chance participants are young mothers who had their first child when they were teenagers. The Avance Parent–Child program enrolled mainly low-income Hispanic families.

All the programs aim to assist these families in achieving economic self-sufficiency. The most striking feature of the programs' E&T services is their emphasis on the development of skills as opposed to immediate placement in any available job. Adult education, including GED (general equivalency diploma), literacy skills, English-as-a-Second-Language instruction, and job skills training are the most common services provided by the programs. In Even Start, adult education was the primary self-sufficiency service. In addition to education and training activities, New Chance offered off-site work experience, a component that has the benefit of giving the participant some work history

[1] In addition to preceding chapters of this volume, other information on the two-generation program discussed in this chapter include: CSR Incorporated (1991); Johnson & Walker (1991); Johnson, Walker, & Rodriguez (1991); Quint, Fink, & Rowser (1991); and St. Pierre et al. (1991).

to present to prospective employers. In the Step-Up demonstration, certain lower-rung parent activities that take place within the Head Start program, such as scheduling and tracking other parents' volunteer time, are structured as work experience designed to develop job-related skills. These services found in the two-generation models—basic education, specific job skills training, and work experience—are among those that have been offered by previous E&T programs.

In addition, many E&T programs have assisted the individual in securing employment by providing job placement services and support during the participant's search for employment. Such direct efforts to link participants to jobs may speed their transition to employment and help them obtain jobs that offer benefits and growth potential. Overall, efforts to establish linkages between programs and local employers do not appear strong in the two-generation models. An exception is New Chance. Several New Chance sites arrange field trips to local workplaces and job fairs and try to involve local businesspeople in program activities. They also try to develop internships with private employers who offer participants exposure to nontraditional job opportunities. Other programs use less intensive methods of linking participants to employment. For example, the Comprehensive Child Development Centers are required to keep current on regional job opportunities by inviting members of the local business community to sit on their program advisory committees.

The intensity and duration of E&T services vary across the models, and in some cases, across sites operating a single model. New Chance programs, for example, offer nearly full-time schedules requiring participants to spend a significant amount of time in education and training activities. Some Even Start sites operated with intensive, fixed schedules that included a large amount of adult education, but this service was offered in smaller amounts in other sites. In the other models, intensity appears to be more individually determined.

The program offering the longest duration of support is CCDP, which lasted five years. However, the individualized approach of CCDP's service delivery means that some parents might not initiate self-sufficiency services until personal and family problems have stabilized. Some models offering shorter durations of core program activities provide continued support to families. In Avance, education and training is provided during the second nine-month phase of the program, although families may continue to receive Avance family support and self-sufficiency

services for a longer period of time. Enrollment in New Chance lasts 18 months, but an additional six to 12 months of follow-up services are available for participants who find employment. Even Start's duration of services is determined by the age of the children in the family since parents are eligible to participate in the program as long as they have a child under age eight. Theoretically, a family could participate for many years if they began their enrollment with a very young child. As we note later, however, it is often difficult to keep parents engaged in self-sufficiency services for more than a few months, even when a sustained period of education and training is needed to build skills.

In sum, the two-generation programs covered in this section deliver E&T services that have been offered to previous "single-generation" programs. These services are broadly consistent in their emphasis on preparatory, developmental activities, although the programs and sites vary in their structure, intensity, and duration. This general description of the programs serves as a backdrop for review of the E&T research literature in the next section.

LESSONS LEARNED FROM PREVIOUS EMPLOYMENT AND TRAINING INITIATIVES

Previous evaluations of E&T programs have produced a considerable body of knowledge, some of it in the form of broad insights and some specific to particular E&T approaches. These evaluations have covered a wide variety of programs: some have only one E&T service; others have a menu of services; still others offer a set sequence of services. Many of these evaluations employed experimental designs, while some used matched comparison group designs. All attempted to determine the degree to which members of the target group, mostly women at high risk of long-term dependency, could improve their ability to support their families independently by taking part in program activities. Given the similarities between several previously evaluated E&T programs and two-generation programs, findings on earlier efforts can offer insights into the potential effectiveness of this newer breed of program.

However, while this prior research provides important generic lessons about E&T content and structure relative to achieving

economic self-sufficiency, the successes and failures seen in single-generation programs should not necessarily be expected to replicate themselves in two-generation programs. The goals, full constellation of services, and participant motivations of two-generation programs may differ from those of past single-generation initiatives. With that caveat in mind, we review the lessons learned from earlier evaluations.

SERVICE CONTENT AND STRUCTURE

All the two-generation programs discussed in this book share a basic goal—developing in their participants a higher level of skills and education in order to achieve a greater level of self-sufficiency. In stressing skill development above rapid entry into the job market, they place themselves in the category of E&T programs called "human capital development" programs (Burtless, 1988; Friedlander & Gueron, 1992; Grossman, Roberts, & Maynard, 1985; Gueron & Pauly, 1991; Maxfield, 1990; Porter, 1990). Typically, such programs attempt to improve the trainees' work-related skills by providing participants with basic education, job skills training, or supervised, structured work experience. In this section we will review what past evaluations of these human capital development programs have found with respect to their effects on participants.

Education is most often the cornerstone of these intensive human capital development programs. It is believed to be a critical strategy for increasing the earnings of low-income individuals because higher earnings levels are strongly correlated with higher levels of educational attainment (Angrist & Krueger, 1990; Mincer, 1989). Yet, whether education provided in an E&T program can succeed in increasing earnings remains uncertain.

There *is* evidence that E&T programs' basic educational services can increase educational attainment. For instance, low-income single mothers who received full vouchers for education and training in the Seattle-Denver Income Maintenance Experiments (SIME/DIME) increased their education on average by almost a full community college quarter more than did mothers in the control group (Hall, 1980). In a study of 70001 Ltd., a program that offered job readiness training, basic education, and

postplacement services to disadvantaged youth and young adults, 31% of the participants were found to have earned a GED at a point from 24 to 40 months following program enrollment, compared to 12% of nonparticipants (P/PV, 1982, 1983). Adult women participants in educational programs funded under JTPA were also significantly more likely to earn a high school diploma or GED than were control group women (Bloom, Orr, Cave, Bell, & Doolittle, 1992).

However, the potential of these educational E&T programs to improve family income is ambiguous, because relatively few educational E&T programs actually increase earnings. One of the successful programs is the Job Corps. The Job Corps is a paid residential program that primarily delivers educational services. Youth aged 16 to 21 who are not in school are eligible to participate. The premise of the Job Corps is that its out-of-school participants suffer from a varied set of shortcomings in their backgrounds: poor math and reading abilities, poor life skills, poor health knowledge and care, and few occupational skills. Thus, an intensive residential basic and vocational education program was created to fill these needs. Job Corps youth generally split their time evenly between education and training.

An evaluation of the program (Maller, Kerachsky, Thornton, & Long, 1982) found that the educational level of the participants increased compared to that of similar nonparticipants. During the first six months after leaving the Job Corps, the participants earned slightly less than what nonparticipants earned. However, during the next six-month period (months 6–12), they earned more than nonparticipants, and continued to earn more and to be more likely to be employed for up to 3 1/2 years after termination. Consistent with a catch-up pattern we discuss later, the comparison group's earnings rose to the level of program participants at the four-year follow-up.

Another successful program model, developed by the Center for Employment Training (CET) in San Jose, California, integrates basic education with job training. A major evaluation, called the Minority Female Single Parent demonstration (MFSP), compared the effects of CET and three other programs on single low-income mothers at one year following their enrollment (Gordon & Burdhardt, 1990). It found that CET's simultaneous delivery of job training and education was able to achieve positive short-term impacts on employment, wages, and earnings. No impacts were found for the other three programs, which provided educational remediation *before* jobs skills training.

None of the E&T educational programs have documented *substantial long-term* effects on their participants' earnings beyond what they would have been without the program. No consistent gains were found in employment or earnings for those who received education and training vouchers from SIME/DIME (SRI International, 1983). Participants in 70001 who received GED prep classes did earn more than nonparticipants eight months following the program ($52 per week more for men, $16 per week more for women), but these earnings differences had disappeared 24 to 40 months later (Public/Private Ventures, 1982, 1983). Employment and earnings impacts for young JTPA participants who received basic education classes were zero or negative even though many earned GEDs (Bloom et al., 1992). Even a program that was designed to be a nonresidential Job Corps, JOBSTART, that provided youths with individualized basic education and classroom occupational training, had negative earnings and employment impacts. An important reason that program participants sometimes fare worse than control group members in assessments of employment and earnings is that participants in education programs are temporarily out of the job market. Although they are acquiring skills, they are sacrificing time that some of their counterparts are using to earn wages, build a work history, and gain experience in finding and maintaining employment.

There is some evidence that programs combining education or job training with actual work tend to be more effective in helping individuals increase their ability to secure employment. For example, the Alternative Youth Employment Strategies (AYES) project tested the relative effectiveness of three E&T programs targeting unemployed, out-of-school youth between the ages of 16 and 21 who had been referred by the juvenile justice system. The three models were (a) full-time classroom training in basic educational, vocational, or prevocational training, with counseling and placement services; (b) part-time work and part-time education and training, counseling, and placement; and (c) full-time work experience with counseling and job placement services. Sadd, Kotkin, and Friedman (1983) found that the largest impact on employment was obtained by participants of the second (mixed education and work) model; the probability of having been employed increased by approximately 21 percentage points. The classroom training model increased employment probabilities approximately 10 percentage points. The work experience

model did not appear to increase the probability of being employed during the eight-month follow-up period.[2]

Other examples of successful mixed programs are the Homemaker-Home Health Aide program that offered job training and paid work experience to low-income women; the California Greater Avenues to Independence (GAIN) program that provides education and job search assistance followed by unpaid work experience, on-the-job training, job training, or more education as needed; and the San Diego Saturation Work Incentive Model (SWIM) program that offers a sequence of job search, unpaid work experience, education, and job training. Enns, Bell, and Flanagan (1987) found that Homemaker-Home Health Aide program participation led to earnings impacts of $2,025 over the first year after enrollment.[3] Friedlander, Riccio, and Freedman (1993) found that GAIN participants earned $385 more than control group members during the first year. And Friedlander and Hamilton (1993) found that SWIM participants earned $350 more than the controls over the first year. Perhaps programs need to teach their participants not only reading, math, and specific job skills, but also such practical knowledge as the behavior an employer expects in an interview and on the job. These attributes are critical aspects of one's "human capital" when it comes to employment, and the programs most successful at producing economic self-sufficiency help participants acquire them.

A demonstration particularly relevant to predicting the impacts of two-generation models is the evaluation of an early two-generation model, Project Redirection (Polit, Quint, & Riccio, 1988). Project Redirection targeted girls 17 years old or younger who were pregnant or mothers. It linked the girls with existing services (medical care, education, employment activities, life management activities, and family planning) and provided workshops, peer group sessions, individual counseling, and "community women" mentors for up to 18 months. It strongly urged its participants to return to or stay in school. Twelve

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[2] These impact estimates were derived from the logistic estimates from Sadd et al. (1983, p. 103) and the stated control mean probability of employment of 41%. The conclusion that the mixed model was more effective differs from that stated in the report based on simple cross tabulations.

[3] The Homemaker-Home Health Aide program offered up to a year of subsidized work experience. Consequently, first-year earnings partly reflect wages earned in the program rather than postprogram impacts.

months after enrollment, when 57% of the participants were still enrolled, educational attainment of participants had increased (on average they had completed half a semester more than the matched comparison mothers), fewer women were pregnant with another child, and more had been employed some time during the year (49% versus 38% of comparison group members).

Over the years that followed, though, control mothers caught up educationally—returning to school and earning either their diplomas or their GEDs. Five years after enrollment, 49% of both participants and controls had diplomas or GEDs. Similarly, employment rates five years later were the same, but participants earned more per week ($68 vs. $45). Most encouraging were apparent program benefits to children. Compared to the children of nonparticipants, children of Project Redirection mothers were more likely to have been enrolled in Head Start, and they had higher vocabulary scores and fewer behavioral problems.

DIFFERENTIAL IMPACTS

Evaluations of past programs indicate that the potential of E&T services tends to vary with the initial educational level and the prior work experience of the participants. Several surveys of research have found that education and training activities were most effective for those who had dropped out of high school and those who had no previous work history (Friedlander & Long, 1987; Grossman et al., 1985; Maynard et al., 1985). Burtless (1988) also noted that evaluations of several E&T programs targeting low-income welfare recipients found that women with little previous work experience tended to gain more in earnings than those who had recently become unemployed. Similarly, the National Supported Work Demonstration, a program that provided supervised, structured work experience, increased the average earnings of AFDC recipients without recent work experience more than twice as much as it did for those with a recent work record ($1,260 vs. $530 per year) (Hollister, Kemper, & Maynard, 1984). Supported Work was also estimated to increase by $800 the annual earnings of participants without a secondary education, but it raised by only $300 the earnings of those who had a diploma or GED.

DURABILITY OF IMPACTS

A major difficulty in gaining a clearer understanding of the durability of E&T program impacts is the lack of long-term outcome data (Burtless, 1988; Gueron & Pauly, 1991). Few studies have followed a sample for more than 36 months after enrollment, and several evaluations lack information for even the second year following program completion. Yet information on long-term outcomes is essential to determining whether E&T programs can alleviate poverty and welfare dependency. Findings from evaluations that have collected long-term outcome data offer suggestive but far from conclusive information about the durability and time path of program impacts.

E&T strategies that stress initial investments in both education and training often lead to negative earnings impacts immediately after program enrollment (because class time takes away from work time), followed by a period of earnings growth. For example, average earnings impacts for the first quarter of participation ranged from minus $100 to minus $180 for the four MFSP projects (Gordon & Burghardt, 1990). By the fourth quarter, however, the earnings effect increased for CET enrollees to the point where participants earned $399 more than nonparticipants (Gordon & Burghardt, 1990). The JTPA study (Bloom et al., 1992) found that during the first quarter after enrollment, adult female JTPA participants who received classroom training in job skills, basic education, or both, earned $70 less than their control group counterparts. Young female JTPA who received educational services earned $210 less. Over time, however, the participants' earnings did increase. The adult women earned $144 and $188 more than similar nonparticipants in the fifth and sixth quarters. It is worth noting, however, that while the earnings of the young JTPA women increased, they did not recoup the initial earnings loss.

Programs that have produced positive impacts can sometimes maintain those gains for up to three years following program enrollment (Friedlander & Gueron, 1992; Gueron & Pauly, 1991). Eventually, however, the initial positive earnings impacts diminished. For example, earnings impacts (the difference in average earnings between intervention and control group members) from the Homemaker-Home Health Aide program declined from $2,025 to $1,120 between the first and third follow-up years (Enns et al., 1987). The average earnings difference between

participants and control nonparticipants in the Supported Work program dropped from $6,400 in Year 1 to $1,075 by Year 3 (in 1985 dollars; see Gueron & Pauly, 1991).[4] Similar patterns were observed in long-term evaluations of Job Corps and Project Redirection (Maller et al., 1982; Polit, Quint, & Riccio, 1988).

There are a number of explanations why impacts from E&T programs diminish over time. In most cases, the earnings advantage of participants decreases as nonparticipants find employment on their own and increase their earned income. To say that earnings impacts diminish does not imply that the ability of participants in E&T programs to earn income is somehow lost; rather, it implies that the ability of nonparticipants to gain earned income catches up to the point where the differences between the two groups become insignificant (Friedlander & Hamilton, 1993). Grossman (1992) argues that this phenomenon often occurs because many E&T programs move participants into employment sooner than they should, without building their skills sufficiently to promote stable employment or movement toward better jobs down the line (also see Burtless, 1988). A related problem is that E&T programs that are designed to produce adequate skill development often have difficulty keeping participants engaged for long enough periods of education and training. Finally, nonparticipants can catch up as the jobs participants find through E&T programs end due to voluntary employment interruptions or the normal dynamics of job loss that may be unrelated to individuals' skills or performance (Friedlander & Hamilton, 1993).

Findings reported by Friedlander and Hamilton (1993) from a recent five-year evaluation of the San Diego SWIM program illustrate the catching up pattern. Single parents who took part in SWIM increased their earnings on average from $2,030 in Year 1 to $4,125 in Year 5, more than a 100% increase. Over the same period, however, the earnings of nonparticipants rose to almost the same level and the earnings differential between two groups declined from $350 in Year 1 to $150 in Year 5.

[4] Both the Homemaker-Home Health Aide and National Supported Work demonstrations offered an initial period of subsidized work experience (up to 12 months and 18 months, respectively). Thus, earnings in the first two follow-up years partly reflect wages earned in the program, not postprogram impacts.

THE EFFECT OF E&T PROGRAMS ON THE RATE OF POVERTY

Perhaps the most serious limitation of nearly all E&T programs—including high-intensity, skill-enhancing programs—is their failure to raise the income of most participants enough to lift their families out of poverty (Friedlander & Gueron, 1992; Gueron & Pauly, 1991; Maxfield, 1990). Graduates of E&T programs who find employment typically work in low-wage jobs and many can obtain only part-time work. Moreover, current AFDC policies make it difficult to use these limited earnings to significantly augment income from public assistance. Burtless (1988) explains that this problem stems from the way earnings gained by participants are redistributed to taxpayers. On the one hand, the more participants retain of their earnings, the more than can improve their own and their children's state of economic well-being. On the other hand, taxpayers want to reduce the budgetary strains caused by AFDC and other forms of public assistance, and to be repaid for the public dollars invested in welfare-to-work programs. To satisfy both of these goals, participants are allowed to keep only a small portion of the earnings they reap from publicly funded E&T programs, while part of their earnings are shifted to taxpayers in the form of reduced welfare benefits and increased income taxes. As a result, few programs have more than slightly reduced poverty among participants and their families (Friedlander & Gueron, 1992; Gueron & Pauly, 1991).

The findings of the SWIM evaluation illustrate how earnings gains are offset by AFDC reductions (Friedlander & Hamilton, 1993). In Year 5 of the follow-up period, participants earned $4,125 on average, more than a 100% increase over the $2,030 they earned in Year 1. However, their average total income rose only $5, to $6,455, as their average AFDC receipts fell almost 50 percent from $4,420 in Year 1 to $2,330 in Year 5. Participants were not better off at the end of the study period in terms of total income, because for the most part their earnings were canceled out by benefit cuts. The earnings of nonparticipants were also offset in a pattern similar to participants. Using data from a national sample, Spalter-Roth, Hartmann, and Andrews (1992) report that nearly 40% of AFDC recipients combine welfare and work either by working part-time while receiving reduced benefits or by cycling between welfare and work. However, these "income packagers," who clearly wish to work, are not successful in escaping poverty. Those who cycle between work and welfare

were found to have below-poverty family incomes, on average for 13 out of 24 months, while single mothers who simultaneously work and receive AFDC have average incomes that leave their families in poverty nearly 18 months out of 24.

SUMMARY OF E&T LESSONS

The major broad lesson provided by previous E&T evaluations is just how difficult it is to produce genuine long-term self-sufficiency by means of such E&T services as education, job search, skills training, work experience, and counseling, even if they are provided together or in sequence. Some participants in almost every program, of course, do succeed in achieving economic self-sufficiency, and become shining examples of what can be done—but they are usually the exceptions, and never the majority of participants. Most, even if they do get jobs, do not overcome poverty.

The programs that achieve the greatest earning benefits for their participants are typically those programs that provide a high level of services and structure, have human capital development as their primary goal, and expend major effort in developing strong, reliable linkages with private employers. But even those programs—whose price tag is considerably higher than the majority of E&T programs—do not make their participants economically self-sufficient.

The disappointing results from the literature may indicate the need to combine E&T services with other policy initiatives, a point elaborated upon in the next section. Moreover, new, innovative approaches to producing larger and longer-lasting impacts must be explored, especially in light of the economic goals two-generation programs seek to achieve.

CAPACITY OF TWO-GENERATION PROGRAMS TO IMPROVE SELF-SUFFICIENCY

In light of findings from previous research, the E&T components of the two-generation interventions examined in this volume

appear to have both strengths and weaknesses. As cautioned earlier, the differences between past E&T programs and the interventions discussed in this volume limit our ability to generalize the lessons of E&T evaluations to two-generation programs. However, we can use the lessons learned from previous evaluations to conjecture about the expected effectiveness of these two-generation programs.

All of the two-generation interventions reviewed here appear likely to produce some positive impacts, with educational attainment an especially likely outcome. Although it appears that the two-generation interventions have the potential to produce positive economic outcomes for their participants, the magnitude of these gains is less certain. First, there is no reason at this point to expect two-generation programs in general to produce results any better or worse than those of past E&T programs that have stressed human capital development. The E&T components provided by these programs are similar to those that in previous E&T demonstrations have produced only modest, and eventually fading, gains in income.

Education and skills training seem to be most effective when integrated with each other and with work, especially for highly disadvantaged individuals. This strategy is not strongly represented in the two-generation models. Its absence is a concern because parents with very little education and limited work experience comprise a significant proportion of the participants served by the two-generation program.

New Chance provides the widest array of E&T components, offering a mixture of education, job training, and work experience found effective in previous programs. New Chance also requires more intensive participation and has better links with employers than most of the other programs. Moreover, New Chance can receive up to a year of postplacement follow-up services. Thus, it appears to be the most likely of the programs reviewed here to improve earnings. The likelihood of earnings impacts by the two programs that place considerable emphasis on adult education, Avance and Even Start, is uncertain. While participants in these programs may succeed in raising their educational level still they may fail to secure jobs and increase their earnings, because the programs appear to offer only limited support for their subsequent efforts to find and keep employment.

Little empirical evidence is available about the level or durability of income gains needed to influence children's develop-

ment positively. Project Redirection found that even though participants earned only slightly more than nonparticipants five years after the program, participants' children had larger vocabularies and exhibited fewer behavioral problems. However, the link between poor child outcomes and poverty, whether it is experienced by families receiving AFDC or families headed by a working parent, suggests that two-generation programs will need to provide larger and longer-lasting income gains than did previous programs, if they are to benefit children (see Smith & Zaslow, Chapter 1 in this volume).

POTENTIAL IMPROVEMENTS IN THE E&T SERVICES OF TWO-GENERATION PROGRAMS

One way of improving the earnings impacts of two-generation programs is by better integrating work and learning. Relevant curricula, such as the Practical Education for Citizenship and Employment (PECE) strategy that was developed and used in the urban corps demonstration overseen by Public/Private Ventures and the National Association of Service and Conservation Corps, are available for wider use (Public/Private Ventures, 1993). Practical experience from other initiatives also suggests the benefits of integrating work and learning. One example is the Center for Employment Training (CET), a San Jose-based vocational training program serving a largely Latino clientele. CET's approach, which has been praised by program operators, policy makers, and evaluators alike, and is currently being replicated in other cities under an U.S. Labor Department grant, combines hands-on job training with basic skills instruction and a range of support services, all under one roof. From the outset, CET encourages its clients to learn concrete job skills. CET also blends basic skills and job training in a fashion that enables its clients to clearly see how their classroom learning can be applied in the workplace. In addition to helping participants directly relate classroom learning to work experiences, such programs may prove to be more engaging and therefore more able to keep individuals actively and intensively involved in developing basic and employment-related skills.

Another improvement would be to provide participants with greater support in finding jobs. For various reasons, few pro-

grams have succeeded in linking job-ready E&T clients with private employers. Early in the experience of the Washington, D.C.-based Opportunities Ladder Partnership, a joint venture between community leaders, local businesses, and E&T programs, Bendick (1989) found that many employers felt that they had little to gain from hiring many E&T clients beyond being socially responsible. More active efforts to reach out to local employers can reduce a bias against hiring graduates of E&T programs.

Hughes and Sternberg (1992) argue that E&T initiatives generally do not account for urban job seekers' social and geographic isolation from job markets caused by the extensive suburbanization of industry over the past twenty years. Without systematic access to jobs, few participants are in a position to successfully compete for available positions even after completing job training. Over the past 20 years, a mismatch between urban labor markets and suburban job markets has developed (Hughes, 1989a, 1989b; Hughes & Sternberg, 1992). Consequently, many inner-city residents lack knowledge of and transportation to jobs in outlying areas.

It can be argued that major reforms in the areas of economic development, transportation, and housing may be necessary to address these problems. Yet a more limited but possible approach is to augment the two-generational programs with a "reverse commute" strategy. This approach provides a commuting-to-work service that merely reverses the usual suburb-to-city route for residents of those older metropolitan areas where recent job growth has been concentrated in the suburbs. The success of Suburban JobLink, a transportation and employment program based in Chicago, illustrates the promise of labor mobility strategies (Public/Private Ventures, 1993). Operationally and politically, though, it poses substantial dilemmas. It goes against the grain (and soul) of community development and it requires capital, equipment, and high standards of safety and competence in the field of transportation—a field that hitherto has had little involvement in social policy. However, such services have potential as a strategy to generate access to more jobs, better income, and health benefits—all important to two-generation programs. It may also be an entry point or base for mothers who want to move from neighborhoods they consider too dangerous, and too meager in opportunity, for their children.

A third improvement that could be made is continuing support and services, even after a job has been secured and the program

seems to have achieved its ultimate goal. Programmatic experience tells us that not only do most participants need assistance in breaking into the primary labor market, but that they need support thereafter, both in resolving problems and in rebounding from job loss or finding better employment. Herr and Halpern (1991; Chapter 6, this volume) have documented the need for this support in order to reverse the setbacks commonly experience by highly disadvantaged women who move from welfare-to-work services into employment. In a two-generation program, sustained support could also target problems related to child care and other needs of the child and family that could jeopardize both the parent's success in the work place and the child's healthy development.

UNANSWERED QUESTIONS

Many of the questions that remain unanswered in previous evaluations of E&T demonstrations will be important to address in studies of two-generation interventions. These include the need to investigate the durability of effects, the relative effectiveness of various E&T strategies for different kinds of families, and the benefits of postemployment supports. In addition, some important new questions arise in the study of two-generation interventions: What are the critical levels of improvement in educational attainment, family income, and employment that are needed to produce significant gains for children? Does a two-generation program, with its focus on both the adult's self-sufficiency and the child's healthy development, provide a context that increases the positive effects of the self-sufficiency services? Hopefully, ongoing and future research will address these questions in studies of two-generation programs and comparisons between the impacts of these programs and earlier single-generation models.

CONCLUSION

Overall, there is reason to be cautious about expecting the E&T services of two-generation programs to reduce family poverty

significantly, because similar services in past single-generation programs produced only modest gains in income. At the same time, a review of past research suggests that parents in two-generation programs are likely to increase their educational attainment, and this change may confer benefits on children, even in the absence of large gains in family income. Moreover, some two-generation programs may be more successful than single-generation programs in keeping parents involved in self-sufficiency activities, because two-generation programs focus parents' goals on their children's future as well as their own. Consequently, the E&T services in two-generation programs might be more effective in promoting skills that can help parents obtain more stable, higher-wage jobs. As we noted, however, this conjecture remains a question for future research to address. Perhaps the most important conclusion that can be drawn from our discussion is that there remain policy and programmatic steps that could be taken to try to increase the impacts of E&T services offered by two-generation programs. Income support policies that allow low-wage workers to augment their earnings with tax or public assistance benefits; integrating education, training, and work experience; and strengthening efforts to help individuals find and maintain employment should be tested as strategies that could boost the ability of two-generation programs to reduce family poverty.

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9

Evaluating Two-Generation Interventions: Current Efforts and Directions for Future Research

Sheila Smith

Two-generation interventions represent a new level of complexity and comprehensiveness in family interventions. Evaluations of their impacts require special design, measurement, and analytical strategies in order to investigate a range of potential outcomes and mechanisms by which children's development is influenced by families' participation in the program. The aim of this final chapter is to describe important features of current evaluations of two-generation models discussed in this volume and suggest directions for ongoing research in this emerging field. Recommendations for future research focus on specific areas of investigation that are needed as well as approaches to designing and implementing studies that can build on current evaluations of individual models.

Features of Current Evaluations

Current evaluations of two-generation models are notable for their scope of investigation and use of multiple methods to examine program implementation and effects. Table 9–1 presents

TABLE B-1

Program	Study Population	Design	Areas of Measurement	Time Frame
Even Start	All Even Start families are assessed in the National Evaluation Information System (NEIS): Even Start serves families with children under age eight and parents in need of adult basic education. Approximately 17,000 families participate in programs across 340 sites. An in-depth study (IDS) of 10 sites focuses on approximately 150 families with children ages 3 and 4 years.	Collects uniform information about families and programs across all sites at program entry, at the end of each school year, and continuously for the service record. The IDS includes experimental studies in up to 10 sites and permits the pooling of data across these sites; plans are being developed for follow-up assessments of children entering school.	Parent background characteristics, home environment, parenting behaviors, literacy behaviors, adult educational outcomes, child's school readiness, language development, program implementation, and service record; IDS includes direct observation of a parent-child reading task.	Final report: 1994.
Avance Parent-Child Education Program	Low-income Hispanic mothers with children under age 3; 361 families across two sites.	Comparison of intervention and control group families at two sites; assessments at baseline, and at one and two years after program entry. Life history interviews with subsample of mothers; process study of home visits and parenting classes.	Maternal psychological well-being; parenting attitudes, knowledge, and behavior; the home environment; social support; involvement in adult education and employment training; use of community services; child behavior.	A final report issued (Johnson & Walker, 1991); reports on additional analyses forthcoming.
New Chance	Mothers age 16 to 22 who had their first child as teenagers, are high school drop-outs, and currently receive welfare and their young children (average age of youngest is about 1 year at program entry); the sample for the overall evaluation is 2,330 mothers and their youngest child across 16 sites. An embedded observational study (OS) has a subsample of 300 mothers and their children age 2 1/2 to 5 years at the time of the assessment.	Families randomly assigned to intervention and control groups. In the overall evaluation, surveys are administered at baseline and at 18 and 42 months after random assignment. Direct assessments of children are made at 42 months. In the OS, mothers and children are assessed soon after the 18 month survey.	Mother's educational and employment status; earnings; repeat pregnancies; mother's psychological well-being; parenting attitudes and practices; child care cost and stability, and education and training experiences; child social and cognitive outcomes, including school records for school-age children; program operations, including school records for school-age children; program operations and costs; participation of parent and child services. In the OS, observation-based measures of parenting and mother-child interaction (e.g., parental support of child's learning and language development, child persistence.	Final reports: OS, 1994; Overall evaluation, 1996.

TABLE 9-1 (CONTINUED)

Program	Study Population	Design	Areas of Measurement	Time Frame
Comprehensive Child Development Program	Low-income mothers and their young children ("focal" child under age 1 at the start of the intervention); approximately 4,400 families across 24 sites, divided equally between intervention and control groups.	Families randomly assigned to intervention and control groups; assessments twice a year for two years and then once a year for two years. Final assessment at 4 years after program entry. Ongoing collection of data about program operations and service delivery with a management information system.	Child's health and cognitive, language, and socio-emotional development; parent health, expectations for self and child, self-esteem, earnings, employment, and welfare status; family environment and social support. In process study: services families receive; quality of services; projects' costs.	Final report: 1995.
Head Start Family Service Center Demonstration (FSC) Projects	Adults in household with a Head Start child; one "target adult" in each family identified to participate in outcome evaluation; approximately 2,500 adults in 35 projects across the county.	Families randomly assigned to FSC or to "regular" Head Start; assessment at the start of the program; first follow-up approximately 6 months later; second follow-up 18 months later.	Focus is on adults' skills and behaviors relative to the three target areas of literacy, employment, and substance abuse, and includes: employment history; reading activities; literacy level; use of alcohol and drugs; family demographic information; and participation in program services.	Interim report submitted November 1993; Final report due January 1996.

Information was provided by Robert St. Pierre, Abt Associates (Even Start, Comprehensive Child Development Program); Todd Walker, Avance (Avance Parent-Child Education Program); Robert Granger, Manpower Research Development Corporation (New Chance); Janet Swartz, Abt Associates (Head Start Family Service Centers).

general information about the evaluation of five models: Even Start, Avance Parent–Child Education Program, New Chance, the Comprehensive Child Development Program (CCDP), and the Head Start Family Service Centers (FSC). All of the projects include an experimentally designed study in which families are randomly assigned to control and intervention groups. With the exception of the FSC evaluation, the studies include measures related to both the parent's employability and the child's development. Parental education, employment, and income status are the primary adult self-sufficiency outcomes that are assessed. Child outcomes include developmental competencies in early childhood and measures of school success for older children.

The projects are unusual in the extent to which they are documenting, through extensive quantitative and qualitative data, the operations of the programs and families' participation. In the case of Even Start and CCDP, for example, complex management information systems are used to record, at the site level, the services that families receive and their progress toward goals established during the intervention (Hubbell et al., 1991; St. Pierre et al., 1991). This documentation is especially important in light of the multicomponent nature of the interventions. Not only will outcome findings be easier to interpret with full knowledge of the extent to which families participated in certain services, but this information is also critical to improvements in program design and management.

Most projects track program costs carefully. This documentation includes costs of program sites, services in particular areas, and services to individual families. Some projects will conduct benefit-cost analyses. In New Chance, for example, an effort will be made to assign monetary values to such program benefits as increased parental employment and income, and to weigh these values against program costs (Quint, Fink, & Rowser, 1991). At present, it is unclear whether monetary estimates will be calculated for benefits to children, such as improved health and school readiness. A few studies of health and early education interventions have reported such estimates, which sometimes provide strong support for the long-term cost savings associated with social programs (Barnett, 1984; Klerman, 1991).

In addition to process, impact, and cost studies, the New Chance demonstration is also conducting a substudy in which observation-based measures of parenting and child behavior will offer further insights into family change processes. Using a sample of families in the overall evaluation of New Chance, the

substudy is investigating parents' support of the child's cognitive, language, and social-emotional development (Zaslow & Eldred, 1993). Derived from videotaped mother–child interactions, the observation-based measures used in this study will assess certain types of behavior, such as maternal sensitivity and warmth, that may not be adequately captured with the survey methods used to gather much of the data in the main evaluation. Because the substudy is measuring some parenting behaviors that are also assessed in the larger evaluation through a parent survey, it will be possible to compare information from these different sources. This methodological work may contribute to the identification of valid survey measures that can be used in large-sample research.

The studies are assessing many characteristics of parents and families at baseline. These measures will be used in nonexperimental analyses that will examine whether certain parent characteristics, such as education level or psychological well-being, moderate treatment effects on parents and children. Analyses of this type can inform efforts to design more effective interventions for different types of families. For example, findings showing differential intervention effects for depressed versus nondepressed mothers have important implications for designing programs that are sensitive to the special needs of mothers experiencing psychological distress.

Other nonexperimental analyses will investigate processes that mediate program influences. The New Chance evaluation's observational substudy will be able to explore whether a parent's participation in a two-generation program leads to improvements in her ability to support the child's cognitive and language development, which in turn might contribute to better school-related outcomes for children. Such analyses can reveal certain mediating behaviors and processes that might need to be more strongly targeted by the intervention with special services, such as parent–child home learning activities.

Taken together, the evaluations of these two-generation models represent significant advances in the field of intervention research. These include: (a) the assessment of both child and adult outcomes related to the two-generation program goals; (b) extensive documentation of the intervention; (c) the use of multiple methods of data collection and the investigation of relationships between measures derived from surveys and observations; (d) the use of experimental and nonexperimental analyses to investigate program impacts as well as preexisting family condi-

tions and mediating processes that play a role in the program's capacity to influence parent and child outcomes; and (e) documentation of program costs and benefit-cost analyses.

We turn now to a discussion of directions future research could take that would extend the new knowledge about two-generation interventions that is likely to emerge from current studies. Underlying all of the recommendations is the hope that future research on two-generation interventions will yield information that has direct relevance to the design of effective interventions for different kinds of families. Notwithstanding this emphasis on program and policy applications of future research, it will become apparent that many opportunities exist also to learn more about basic developmental and family processes in the course of this work.

COMPARING THE EFFICACY OF DIFFERENT PROGRAM MODELS

The first wave of research on the effectiveness of two-generation interventions will provide valuable findings about the impacts of individual program models. A fruitful direction for the future is research that permits direct comparisons of program impacts and costs across different models and subgroups of families. Comparative (planned variation) studies are needed for several reasons. First, it is likely that first-wave studies will indicate general areas of intervention that should be strengthened for certain families. For example, some parents may fail to show any change in parenting behaviors that mediate desired outcomes for children. Given the current gaps in our knowledge about effective means of influencing many family and parenting processes, it makes sense to test more than one approach to altering these processes in positive ways. A future study might compare two models in which parenting supports (but not other components) are varied. One model might provide intensive parenting support, combining such elements as information, direct experience that supports parents' healthy play and teaching interactions with their children, and psychological counseling to address issues underlying parenting problems. A comparison model might offer a less intensive parent education component, perhaps including parenting and child development information as part of a life skills curriculum.

In addition to increasing our chances of learning about the most effective intervention, a comparison of program models offers a chance to assess programs that vary costs. In view of the comprehensiveness and consequent high cost of two-generation interventions, such comparisons are critically important to gauging the resources that would be needed for an expansion of those programs that prove to be effective. Comparisons of benefit–cost ratios across models would be even more valuable.

Studies that not only compare different models but also target more than one type of family can investigate differential effects on subgroups of participants. Such studies may ultimately lead to exceptionally cost-effective interventions, because they could help identify the most effective but least costly level and type of intervention for certain groups. Subgroup analyses sometimes show that an intervention had a greater impact on some families than others (see Ramey, Ramey, Gaines, & Blair, Chapter 7, this volume). A planned comparison study could vary the intervention systematically to try to achieve the most cost-effective match between services and different kinds of families.

A variety of subgroups are of potential interest in such analyses. Certain subgroups, such as mothers experiencing psychological problems, severe life stress, or lack of social support, might be identified through baseline measures as parents at exceptional risk who may need intensive services. Analyses that identify groups with different clusters of characteristics, an approach taken by Walker and colleagues (see Chapter 2, this volume) can be used to investigate the role of multiple risk factors and other background variables. In some cases, groups might be specially recruited for planned comparison studies. Findings from the first wave of evaluations could be used to inform the design of planned comparison studies that target particular groups of families. This research may identify children in certain subgroups of families who failed to benefit from the intervention, and further investigation may point to parent characteristics (for example, low educational level or inadequate social support) and mediating processes (perhaps parenting behavior or the quality of the home environment) that did not change in a positive direction. Such findings suggest areas of the intervention that might be strengthened for these particular groups.

Planned variation studies can also inform policy and management practices that guide the large-scale implementation of two-generation interventions. Among the models discussed in this volume, there are differences in the extent to which local site

variation in the programs is permitted by authorizing legislation or intervention guidelines. If planned variation studies identify clear benefits of certain levels and types of services within two-generation interventions, local site variation might have to be limited by highly prescriptive guidance and management.

The actual task of designing comparison studies will be extremely complex in view of the multiple pathways by which a two-generation intervention and its component parts might influence parents and children over time. These pathways have been discussed in terms of risk factors, such as low maternal education, parenting that impairs the development of healthy learning dispositions, and persistent poverty (see Smith & Zaslow, Chapter I, this volume). Each risk factor might be influenced by one or more intervention components in a two-generation program. The multiplicity of components in two-generation interventions creates numerous possibilities for varying certain parts of the program while keeping others similar in studies that compare different models.

Despite these challenges, it seems likely that we will learn more about promising ways to finetune two-generation interventions through a series of comparative studies that build on current research than from the continued emphasis on program evaluations that assess a single model. It is notable that only a small number of studies have systematically varied and compared different early childhood intervention models. However, valuable findings have emerged from such efforts. For example, in one study, evidence for the need to include a direct form of educational experience for the child was found when researchers compared high-risk children who participated in two early childhood programs. One program provided a daily, center-based educational intervention for children in combination with weekly home visits, while the other program offered only home visits. Only the former was found to improve children's cognitive development (Ramey, Bryant, Sparling, & Wasik, 1985). Findings from planned variation studies of preschool interventions using different curricula have shown program effects resulting from interactions between child and program characteristics (Powell, 1987). In his review of this research, Powell notes the difficulty of implementing large-scale comparative studies, citing the experience of the Head Start Planned Variation experiment (Lukas, 1975) in which local sites did not always conform to a prescribed program model. The difficulty of implementing pure models suggests the advantage of initially conducting comparative

studies in a small number of sites and seeking to learn as much as possible about the implementation processes that ensure fidelity to a treatment model.

STUDYING DEVELOPMENTAL EXPERIENCES AND FAMILY CHANGE PROCESSES

Ongoing research on two-generation interventions should reflect the field's increasing appreciation of the diversity and intricate patterning of influences on children's development, including the family's economic status, the child's biological endowment, neighborhood characteristics, and a wide variety of proximal experiences created in family and out-of-home settings. As child development and family change paradigms become more complex, however, there is some risk that the more difficult-to-measure processes will receive less attention as the sheer number of influences and outcomes increase in an evaluation design. For example, an investigation of a range of parent employment and child development outcomes in a complex evaluation might supersede an examination of changes in parenting and the course of the child's development in several domains.

We recommend that researchers resist the temptation to limit their study of these child development and family change processes and instead give them high priority in evaluations that assess multiple outcomes of two-generation interventions. Ideally, such research would capture changes in the quality of key developmental experiences that might be influenced by families' participation in an intervention and relate them to developmental trajectories of different child competencies. Many of the influences on children's development that might change as families participate in a two-generation program are discussed in Chapter 1 of this volume and in other chapters that examine particular program models. These include changes in the family's economic status, the parent's educational attainment, the quality of the home environment, particular aspects of parenting, the quality of nonparental care, the child's health status, the parent's fertility control, and the family's neighborhood.

Our limited understanding of the effects of complex interventions argues for the use, wherever possible, of differentiated con-

structs in the investigation of family change processes that may exert strong, direct effects on children's development. In the domain of parenting, for example, it would be desirable to assess changes in several dimensions of parenting, such as the parent's ability to emotionally nurture the child, to support the child's development of literacy, and to foster healthy learning dispositions and problem-solving skills. Similarly, an investigation of changes in the parent's psychological well-being might measure such dimensions as depression and the parent's experience of self-efficacy in different areas of her life. Such studies could help identify particular processes that are positively affected or left untouched by an intervention, thereby giving highly specific guidance to efforts aimed at improving program components. They will also add to our basic knowledge of interrelationships among developmental experiences and the influence of different patterns of experience on child outcomes in particular areas such as social development and school achievement.

ASSESSMENT OF CHILD CARE

The assessment of developmental experiences should include those occurring in out-of-home settings where the young child may spend an increasing amount of time as parents move from welfare to work. To the extent possible, direct measures of the quality of experiences in nonparental care settings should be used, since this variable may exert a strong effect on child development outcomes. The lack of an adequate assessment of child care quality in current evaluations of two-generation interventions is a major shortcoming of these studies, one that will weaken their ability to explain child outcome findings.

A particular challenge in investigating the contribution of child care in two-generation studies is finding measures of quality that can be used across different types of settings, including informal care, center-based care, and family day care. Children in different families and programs are likely to use care in all of these settings. The New Chance evaluation does include formal assessments of child care offered on-site, but not all program

sites offer this care, and some families enrolled in programs that do provide on-site care use other forms of care.

Another challenge is sampling enough care over time to capture the quality of children's developmental experience in nonparental care over a period of time. This will be more difficult in the case of individual children who change care settings frequently, although there may also be a need to periodically assess a stable care setting because its appropriateness for a child at different stages of development may change. Finally, the frequency of shifts in care settings over time and the number of different nonparental care settings the child experiences in any one period constitute important stability variables that should be measured. A recent study of middle-class infants in high-quality care found that children who had experienced this care for under nine months were much less likely to experience a secure attachment with the nonparental caregiver than children who had been in this care for longer periods of time (Raikes, 1993). For the at-risk children whose families participate in two-generation interventions, the stability of nonparental care may prove to be very important to their early development.

Many of these challenges are being addressed in the design and methodology of the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care: A Comprehensive Longitudinal Study of Young Children's Lives (Friedman, 1992). This study, which began subject recruitment in January 1991, is a three-year longitudinal investigation that examines the influences of early child care experiences on the development of infants and toddlers. It will examine several dimensions of child care settings including regulatable characteristics such as child-staff ratios and staff training, and the nature of caregiver–child interactions and learning activities.

Because it is focused on children under age four, many of its measures would be inappropriate for assessing care settings for older children. Nevertheless, the study's strategy of adapting and borrowing existing measures of quality to use across settings and its methods for assessing quality over time can inform efforts to investigate the role of child care quality in two-generation interventions. Furthermore, the study's capacity to account for interactions among characteristics of child care settings, the families, the home environment, and the child also provide a valuable analytic framework for evaluations of two-generation programs.

INVESTIGATING THE QUALITY OF PROGRAM COMPONENTS

Previous research demonstrating the influence of child care quality on children's development provides strong support for documenting child care quality in two-generation interventions (Hayes, Palmer, & Zaslow, 1990). The quality of other service components in two-generation interventions is also likely to contribute to both parent and child outcomes. For example, adult education that fails to motivate adult learners and remediate educational deficits may have a number of negative repercussions. Parents' experience of failure, combined with a continued lack of the basic skills needed for employment, may have both economic and emotional consequences that could adversely affect parenting and the child's well-being. In addition to child care and adult education, there is a potentially long list of other program components whose quality might strongly influence outcomes, including employment training, life-skills instruction, family planning services, child and parent health care, parenting education, and case management.

The design of future demonstrations and comparative studies of two-generation interventions will depend on the refinement of quality criteria for these components. Unfortunately, compared to our current understanding of what constitutes high-quality child care, we know much less about the characteristics of many other components that may contribute to good outcomes, and how these components may work in concert to promote change in families. In Chapter 5 of this volume, Hollis and Grossman review research on the relative effectiveness of different types of welfare-to-work interventions. They underscore the lack of research on more intensive models of education and training that might be expected to yield larger income gains than the lower-cost, shorter-duration interventions that have been the most widely studied. Nevertheless, the overall finding that non-intensive self-sufficiency services produce only modest income gains suggests the need to incorporate higher-intensity, "human capital", services into future two-generation programs because achieving their goal of promoting a child's healthy development is dependent, in part, on reducing the parent's educational deficits and ameliorating family poverty. Similarly, work underway in the field of family support is attempting to identify "best practices" in the design of effective social, educational, and practical supports for families. While this work may not yield

definitive quality criteria, it is likely to offer useful guidelines rooted in both research and practitioner experience (Family Resource Coalition, 1993). Finally, the research and theory-based principles of effective early intervention and the lifecourse developmental priming mechanisms discussed by Ramey and colleagues (Chapter 7, this volume) provide valuable guidelines for establishing criteria for program quality that can be applied to two-generation interventions.

DESIGN ISSUES

While a number of design issues merit consideration in setting the agenda for future research on two-generation interventions—such as sample characteristics and timing of assessments—two general recommendations are presented here. First, future studies of programs enrolling families with children under age 5 should strive for a longitudinal design that permits an assessment of children's adjustment in the early grades of school and the parent's role in supporting the child's social and academic success in the school setting. Second, some future studies of two-generation programs should be conducted as part of larger neighborhood-level interventions.

A longitudinal design that follows families through the child's early grades is needed in order to estimate the long-term impact of a two-generation intervention on the child's development. Stopping short of this point risks underestimating benefits that may accrue as a result of gains over time in such areas as the parents' education level, family income, and reduced family stress associated with these resources. On the other hand, there is also a risk of overestimating benefits because there may be a "wash-out" of gains in children's developmental status similar to those found in many early intervention studies (e.g., Farran, 1990). Moreover, there is growing evidence that children's school adjustment in grades one through three, especially as measured by reading ability, grade retention, and placement in special education classes, predicts a trajectory of academic success or failure that is likely to span the child's entire school career (Slavin, 1994). Therefore, including these indices of school adjustment, even in studies that do not follow children beyond

the early grades, will help in the determination of whether benefits to children will be sustained, leading to adequate school achievement in later grades.

Another predictor of long-term school adjustment is the parent's support of the child's transition to formal schooling and educational achievement during the early grades. Entwisle and Alexander (1988) have identified a cluster of parenting behaviors associated with "parental engagement in the child's schooling" that predict success in the earliest grades of school. Parents who are engaged in their child's early school experiences expect the child to do well, make sure the child has good attendance and arrives at school on time, and regularly monitor the child's school performance. An improvement in the parent's capacity to engage in the child's schooling is an important pathway by which a two-generation program might produce long-term benefits for children. Such an improvement might come about through the parent's own educational attainments and rising achievement motivation as well as positive psychological changes in her mood, outlook on the future, and sense of self-efficacy. Therefore, an assessment of the parent's engagement in the child's schooling would provide additional evidence of whether benefits to children are likely to be sustained and what role the parents might play over the longer course of the child's development.

Our second recommendation concerns the inclusion of two-generation interventions and their evaluation within larger neighborhood-change initiatives. Across the country, a growing number of community-level interventions are seeking broad-ranging improvements in the physical and social conditions of particular neighborhoods in order to enhance the life prospects of resident families. While current neighborhood initiatives are highly varied, most contain several of the following elements: housing rehabilitation and construction, expansion of basic human services, including child care, family support programs, and health services; community planning and organizing; economic development to create jobs; adult education and employment training; and quality of life projects such as community gardens and recreational programs. A number of recent community initiatives have been developed and funded by private foundations, and several include plans for evaluation (e.g., Cleveland Foundation Commission on Poverty, 1992; Sandtown-Winchester, undated).

In their designs for human services expansion and improvements, many of these neighborhood initiatives include the major elements of a two-generation intervention. However, one difference in the services of these efforts and the two-generation programs discussed in this volume is that the neighborhood initiatives target services to a neighborhood-wide population—all families in need of certain services within a defined community catchment—while two-generation programs typically serve a smaller number of families, predetermined by program capacity. Therefore, two-generation program services, incorporated into community-change initiatives, have the potential to reach large numbers of families. When they are embedded in neighborhood level initiatives, two-generation services might also prove to be especially effective in helping families because program participants may also reap benefits from improvements in housing, job opportunities, health care, and other community conditions. For these reasons, we recommend that at least some future research on two-generation interventions be conducted as demonstrations in which universally targeted two-generation services are designed and evaluated as a part of a larger community initiative.

Because universal access to services is the aim of community-level interventions, experimentally designed studies of program models would not be suitable. Instead, research could fruitfully focus on a number of other questions whose answers would not depend on experimental designs. The degree to which two-generation services are actually delivered to a neighborhood-wide population of eligible families and the quality and coordination of services achieved in an intervention implemented at this scale are basic questions that research should address. Beginning with the goal of universal enrollment in a neighborhood catchment also affords the opportunity to intensively study hard-to-reach families and the effectiveness of different recruitment and support strategies for engaging these families in program services. In addition, changes in residents' attitudes and expectations about employment and education (for both children and adults) would be interesting to study, because some researchers posit such community norms as a source of influence on family well-being and children's development (Jencks & Mayer, 1988).

Two types of comparisons could be used to estimate program effectiveness. First, there may be opportunities to explore whether there are added benefits from participating in a two-

generation intervention that is part of a wider community-change initiative through comparisons of adult and child outcomes in such interventions, with outcomes in more self-contained programs implemented in other impoverished communities. One additional source of benefit from a program embedded in a neighborhood-change initiative might be the attention to personal and employment needs of adult males that some community initiatives provide. This focus on adult males might, in turn, contribute to increases in family income and other types of support provided by fathers. Of course, comparisons between impacts of freestanding and embedded two-generation programs would require a careful selection of interventions and their community settings to ensure similarity in baseline neighborhood conditions. Our increasing understanding of neighborhood influences on families and children can help guide this approach (see Coulton & Pandey, 1992; Smith & Zaslow, Chapter 1, this volume).

Finally, family and child outcomes in studies of two-generation programs implemented within larger community initiatives could be compared to selected findings from other large-sample studies that include similar samples and measures. One of the largest and richest data sets, the Children of the National Longitudinal Survey of Youth (NLSY), contains child measures across the domains of cognitive and socioemotional development for over 7000 children from infancy through adolescence (Chase-Lansdale, Mott, Brooks-Gunn, & Phillips, 1991). The data also include extensive family background information that could help guide sample selections for comparisons of child well-being and development across this data set and a program evaluation sample. A current bias toward younger mothers in the Children of the NLSY data will be reduced if subsequent rounds of data collection over the next several years add new children born to older mothers.

In addition to the NLSY data, researchers should consider other large samples of low-income families that might serve as a source of comparative data. Another possible source is a large-scale evaluation of the JOBS (Jobs, Opportunities, and Basic Skills) program which contains a Child Outcomes Study with a sample of 3000 families that have children between the ages of three and five years (Zaslow, Moore, Morrison, & Coiro, in press). In addition to child cognitive, socioemotional, and health outcomes for this entire sample, a more in-depth developmental and home-environment assessment is being conducted with 800

families. Furthermore, 370 program and control families are participating in an observational study of parent–child interaction that parallels the New Chance substudy discussed earlier. While these comparative methods would produce far less definitive findings about program efficacy than experimentally designed studies, they could provide an important line of preliminary evidence about the impact of community-change initiatives. We therefore strongly urge investigators to consider the use of these and other large-sample studies of low-income families as sources of comparative child and family outcome data.

CONCLUSION: STRUCTURES FOR PLANNING AND CONDUCTING STUDIES

The demands of designing and carrying out comparative and neighborhood-based studies of two-generation interventions are considerable in several respects. First, a highly interdisciplinary research team is needed because the components of the interventions derive from such diverse fields as adult education and training, literacy, child development, and health. Second, designing valuable second-wave studies will require a careful, multidisciplinary examination of findings and implications of the current evaluations. Third, the costs of implementing and evaluating comprehensive two-generation programs will be high, possibly necessitating the coordination of funding among several foundation and government sponsors. Fourth, the studies will require input from policy and program experts who can help design the programs and frame research analyses and findings in ways that have relevance to efforts aimed at improving and expanding two-generation interventions.

Two recently launched studies illustrate planning strategies that would be useful in the design of two-generation intervention studies. The first is the National Institute of Child Health and Human Development (HICHD) Study of Early Child Care: A Comprehensive Longitudinal Study of Young Lives. Mentioned earlier, this 10-site study "examines the concurrent, long-term, and cumulative influences of variations in early child care experiences on the cognitive, linguistic, social, emotional, and physical development of infants and toddlers" (Friedman, 1992, p. 3).

Unlike most previous studies of the effects of different types of child care, this investigation will obtain information about the family and home environment, the child care environment, and individual differences in children. The study owes its capacity to examine such a wide range of influences and outcomes to a scientific planning and research team consisting of NICHD scientists and universally-based scholars representing a number of subspecialties in the field of child development. The team's areas of expertise includes child care, family ecology, and developmental processes across the areas of cognitive, language, and socioemotional growth as well as child health.

Another study that carries the practice of interdisciplinary collaboration even further is the Program on Human Development and Criminal Behavior, supported through a partnership between the National Institute of Justice and the John D. and Catherine T. MacArthur Foundation (Harvard School of Public Health, undated). This accelerated longitudinal study (beginning in the prenatal period) will investigate numerous potential influences across age periods on the development of criminal behavior, including individual differences in children (for example, the biological and psychological characteristics evident from the beginning of life), family influences, school and peer influences, and risk factors associated with neighborhood characteristics. Directed by Felton Earls and Albert Reiss at Harvard University, this study is bringing together scholars in the fields of biology, psychiatry, developmental psychology, sociology, and criminology. The study, which began data collection in 1993, was developed over a two-year period through planning meetings in which interdisciplinary working groups examined the existing state of research and theory and used this knowledge base to design a complex research program.

Such planning efforts, involving both the subspecialties of the field of child development and a variety of other disciplines, will be needed to craft the next wave of two-generation program evaluations. To the extent that multiple pathways of influence and outcomes are studied in this future wave of research, the studies will yield important new knowledge about basic developmental processes as well as valuable findings about the efficacy and cost of different intervention strategies. Ideally, these studies will incorporate the strengths of current evaluations and also break new ground in merging the skills and interests of the research, policy, and practitioner communities.

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